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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Item 12 FIRE GEORGE

THE PROPERTY OF T

	CE OF DEATH	A mused a 1		MAR	LAND	o. STATE			d lived. If institution b. COUNTY	on: Residence	before odn	nission)
b. C		outside corporate limitest town)	its, write	c. LENGTH OF STAY	IN 1b		OWN (If o		rote limits, write R	URAL ond gi	ve nearest to	own)
	Linthicu			45 yr	s.	Li	nthic	um				
d. N	NAME OF HOSPITA	L (If not in hospital, g	give street or	ddress)		d. STREET AI	DDRESS				e. IS I	RESIDENCE A FARM?
	303 Mapl	Read				30	3 Map	le Re	ad			□ NO □
	EASED	Fi		Middle		Last		4. DATE OF	Mon		Day	Yeor
(Тур	e or print)	ARN	IIS	R		AUMALIS		DEATH	Octob		VE 1 8 1 1 1 1 1 1 1	1960
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔲	B. DATE OF BIRTH	1	0.533	9. AGE (In years lost birthdoy)		YEAR IF UN	rs Min.
	le	White	WIDOWED	_	_ :	February			29 угз.			
10o. US	SUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS C	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)			T COUNTRY?
	Engineer			tinghouse	Air	Arm L	atvia			U	S.A.	
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
)	Armins	Aumalis				Ante	nifia	Vilks				
		IN U. S. ARMED FOR		OCIAL SECURITY NO). 17. IN	FORMANT		1	Add	ress		
(Yes, no.	No (I	f yes, give war or dates of		5-36-4474	My	s. Liga	Assmo	14.0	Same	9		
118.		TH [Enter only one co				a. mrea	an OLIMP	TTO.			INTERVAL	BETWEEN
		H WAS CAUSED BY:	b	whomas	-	come.					ONSET A	ND DEATH
	050	IMMEDIATE CAUSE (, CC VIII GV	0							N.O.
	0 30	DUE TO		+ 0 D+	B 172 "	10		· la	I hails	itin		
	Conditions, if on love rise to in		b) 17	wear sor	TONG.	400	ALL BACK		1000	4776		
C	ouse (a), stating t	> DITE TO	9	- Oat	Man.	20						
	ying couse lost.) (c)	CALLUI	7.50			NAME DISCOVER	T CONDITION OF	VENTURA DA DE	1/-> 10 4//	A C ALITOPCY
FICATION	PART II. OTH	er significant con	NDITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO) THE LEKMI	NAL DISEAS	SE CONDITION GI	VEN IN PAKI	PEI YES	CORMEDI
) E 0		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY (OCCURRE	D. (Enter noture o	f injury in	Port I or Por	rt II of item 1B.)			
₹ 200	c. TIME OF INJURY	Month, Doy, Ye	ear 20d. IN.	JURY OCCURRED		ACE OF INJURY			y or town)	(C	ounty)	(Stote)
WEDICAL 200	Hour o. m.	19	While of work	Not while	fo	ctory, street, office	e bldg., etc	.)				
	p. m.					18		(0.	600	106	0 4) (we) lost
		(I) (this hospito	il) attende				0.0	60, to_				
	ow the decease	ed olive on	7-7-1	19 69 and	d that d	deoth occurred	d al-	¿M, from	the causes or	nd on the	dote stat	22b. DATE
22	lo. SIGNATURE	h D	0.			ATTENDING		ED.	STAFF PHYS.	1	m.t.	SIGNED
000	70.1	revolution	ousk	M·D		M.D. PHYS.		RECTOR .	PHYS.	(2)	Oct	00
22	Rc. PHYSICIAN'S NAME (Type)								. /	,		
		Andrew R.	Sesner	wsk1, M.D.	•	4016	Rite	hie F	lgwy. (25)		
23o. B	URIAL, CREMATION	V, 23b. DATE THERE	OF	23c. NAME OF CEA	AETERY C	R CREMATORY		23d. LOCA	TION (City, town,	or county)	(Stote)
Cr	emation	Oct. 10.	1960	Greenweed	1 Cer	netery		Fifth		oeklyn		York
24. FU	NERAL DIRECTOR	SISNATURE		ADDRESS			250. REC'	D BY REGIS		ISTRAR'S SIG		
1	eerge f.	Gence 40	001 Ri	tchie Hgw	v. (2	25)	DATECT	1 0 '60	aut Cut	lun S. A	rall	

ANTHONY ANTHONY THE RESIDENCE OF THE PERSON OF THE REPORT OF THE PARTY OF THE A CONTRACTOR OF THE PARTY OF TH and the state of t duel well and the reference and the state of the state of

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VS A1S (4) 15M 10/57

aspital or attending physician. Ifter this certificate has been signed by the attending physician and campletely filled forth, the funeral director, at far use as the burial-transit permit. They please remove carbon papers. Pages 1 d. 2 shauld be filed with all cremation, ar removal, and in any event within 72 hours after death.
stated or altending physician. Iter this certificate has been signed by the attending physician and completely filled health that the defer use as the burial-transit permit. They please remove carbon papers. Pages 1 (a), crematian, ar remaval, and in any event within 72 hours after death.
stantial or altending physician. ther this certificate has been signed by the attending physician and cample of a ruse as the burial-transit permit. Their please remave carban papers. It, crematian, ar remaval, and in any event within 72 hours after death.
stated or attending physician. ther this certificate has been signed by the attending physicial of a rose as the burial-transit permit. They please remave it, crematian, ar remaval, and in any event within 72 hours
sspital or attending physician. ther this certificate has been signed by the d d far use as the burial-transit permit. They li, crematian, ar remaval, and in any event
sspital ar attending physiciar ter this certificate has been d far use as the burial-transi il, crematian, ar remaval, an
aspital ar atter ter this certifi d far use as th il, crematian, i

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10989

10937 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY HIME Arun	MARYLAND 2. USUAL RE	SIDENCE (Where deceased lived. b.	If institution: Residence before COUNTY	re odmission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give georest town)	ength of stay in 16 c. City of	R TOWN (If outside corporate lim	its, write RURAL ond give neo	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION	d. STREET	ADDRESS 10 C. Bos	evelere	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Williams Opin	Middle Bavi	ost 4. DATE OF DEATH	Month Doy - 16 - 6	Year > () 19 (
5. SEX 6. COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED B. DATE OF BIR		(In years IF UNDER 1 YEAR birthday) Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTH	PLACE (State or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME	Olive)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ng. or unknown) (if yes, give wor or dofes of service)	AL SECURITY NO. 17. INFORMANT	Charles	Address Boy	227.
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0), (b), and (c).]			RVAL BETWEEN ET AND DEATH
Conditions, if ony, which) (b)	sostonero a	rlesertele	wterc.V.	Liseo
gave rise to immediate cause (a), stoling the under-lying couse lost.	white)	nelleli	LJ ·	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBUTING TO DEATH BUT NOT RELATED I	O THETERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 15	PERFORMED?
	HOW INJURY OCCURRED. (Enter nature	of injury in Port I or Part II of ite	em 1B.)	
	OCCURRED 20e. PLACE OF INJURY factory, street, offinity work	(Home, farm, 20f. (City or town ce bldg., etc.)	i) (County)	(State)
21. I certify that I attended the deceased fra alive on 19. 19.	am 10-12-60, 19, and that death accurred a	t.742 M, from the	, 19,that I last sa causes and an the dat	
ACTUAL SIGNATURE	Jalus M.D. S	ADDRESS (Street, city	or Jown, stote)	DATE SIGNED
PHYSICIAN'S NAME (Type)	, Halur		mo	(\
REMOVAL (Specify)	NAME OF CEMETERY OR CREMATORY	Cery Hey	ly, town, or county) Security	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Sevene Par	240. REC'D BY REGISTRAR DATE OCT 1 9 '60	246. REGISTRAR'S SIGNATURI Clubby S. Hra	

	WEST OF HEALTH—CALTING	trau01
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	service of A. A. St. Service of	
William James Committee		
	THE RESERVE OF THE PARTY OF THE	

Item 2b FilmG273 10-18-60 et CERTIFICATE OF DEATH 10991 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Maryland ofter death. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Elkridge P Elkridge d. NAME OF HOSPITAL (If not in hospital, give street oddress) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Winterson Rd. 1255 Winterson Rd. YES NO A 24 haurs NAME OF 4. DATE Middle Last Month Year filled aes 1 DECEASED OF 10 Forrest 1960 DEATH (Type or print) Bean Pages within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years lost birthdoy) B. DATE OF BIRTH Manths Doys Hours ē WIDOWED | DIVORCED | papers. executed comp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and Pour pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E Car physician certificote haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address Family Same attending No ease death INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). a. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) the DUE TO that þ permit. Conditions, if any, which requires gned gove rise to immediate DUE TO cause (o), stating the underote has been sig burial-tronsit p lying couse last. attending physician. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificote SD 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) use While a. m. Not while 19 at work at work 21. I certify that I attended the deceased fram 1960that I last saw the deceased M, fram the causes and an the date stated abave.

ADDRESS (Street, city or tawn, state)

DATE SIGNED that death accurred at and RECTOR ACTUAL SIGNATURE shaule registrar PHYSICIAN'S FUNERA NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) Cedar Hill Cem Brooklyn Md. 0 23, EUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Funeral Homes 130 E.Fort Ave. VS A1S (4) DATEOCT 1 0 '60 arthur S. Kraus 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

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COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, -)f institution: Residue. STATE (b. COUNTY)	dence before admission)
CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	CONTOR TOWN (If outside carporate limits, write RURAL at	nd give nearest town)
I. NAME OF HOSPITAL (If not in hospital, give street	oddress) -/	d. STREET ADDRESS	e. IS RESIDEN

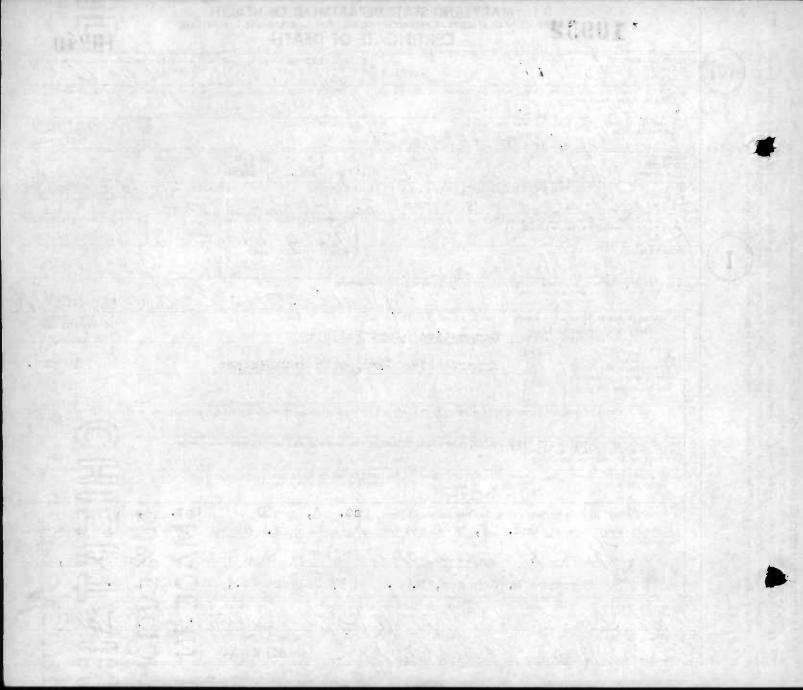
	G. COUNTY	NI	U.		MAI	RYLAND	111100	alin	6. COUNTY	(11.	4.
1	RURAL and giv			write	c. LENGTH OF STA	Y IN 1b	COTY OR TOWN (If outside corpore	ote limits, write RU	JRAL and give no	parest fown)
1	d. NAME OF HO	SPITAL (IF not i	in hospital, giv	al al	HOSP	ital	d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Old	First		Midd	Br	own	4. DATE OF DEATH	Mont	9. 2	9 Year 4 1960
5. 5	Emal	6. COLO	01/	MARRIE	D NEVER MAR		DATE OF BIRTH	02	9. AGE (In years last_birthdoy) yrs.	Months Days	Haurs Min.
1	during most of	ATION (Give ki	ind of work do ren if retired)	ne 10b. KI	IND OF BUSINESS	OR INDUST	BIRTHPLACE (Ste	lary	untry	12. CYTIZEN C	PEWHAT COUNTRY?
	FATHER'S NAME	Dea	nge	96	nes		14. MOTHER'S MAYDE	Cle	la	900	ies
	WAS DECEASED s, no, or unknown)		ARMED FORCE		OCIAL SECURITY N	17. INF	aulet	teHau	le So	mbor	illom
	9,710.0	DEATH [Enter			far (o), (b), and (e		Wadluma		2 11 11		TERVAL BETWEEN
	44.	IMMEDIA if ony, which immediate ing the <u>under-</u>	DUE TO		ngestive pertensiv		diovascular	Disease			1 day 10 yrs.
CERTIFICATION	PART II.	OTHER SIGNIF	FICANT COND	ITIONS <u>CO</u>	ENTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	ING CAUSE	OF DEATH	0Ь. DESCR	RIBE HOW INJURY	OCCURRED.	(Enter noture of injury	in Part I or Part	tl of item 1B.)		
MEDICAL	20c. TIME OF IN Haur a. p.	m.	Day, Year	20d. INJ While of work	URY OCCURRED Nat while at wark		CE OF INJURY (Hame, for ery, street, affice bldg.,		or tawn)	(County	(Stote)
	saw the dec	eased olive					ath occurred of				te stated abave.
	220. SIGNATUR	There	les of	. 4	chron	ph la	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Octobe	22b. DATE SIGNED 25, 1960
	22c. PHYSICIAN NAME (Typ	-1	odore 1	J. J.	hnson, M	D.	22d. ADDRESS 37 Calve	rt St.,	Annapol:	is, Md.	
23c	BURIAL, CREMA	THON, 23b. D	DATE THEREOF		23c, NAME OF CE	METERY-OR	CREMATORY	23d. VOCATI	ION (City, tawn, a	ir county)	1 StateV

40DRESS 24. EUNERAL DIRECTOR'S SIGNATURE

254. REGISTRAR'S SIGNATURE
OFTEN S. France 25a. REC'D BY REGISTRAR

DATE OCT 2 8 '60

moy be ret VR A1S (4) 1SM 9/59



FOR STATE TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please expected within 24 hours after death. If any delay is necessary, please expected to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and its about within 72 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH ivision of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland 1000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10041

e. COUNTY	e. STATE	h. Co	OUNTY	ince perore edmissio
Anne Arundel MARYLAND				
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (IF or	utside corporete limits,	write RORAL and give	e neerest town)
P.O.Annapolis 15 hrs.	P.O. Anna	nolie		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	POTTS		e. IS RESIDENC
Anna Anna a Tamm	D 407 0 F	,		YES NO
unny Acres Farm NAME OF First Middle	Box 421 Spa F		onth Day	
DECEASED	Losi	OF		10
(Type or print) Raymond A. Brown Dr,		DEATH Octob		19 60
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	Months Devs	Hours Min.
M WIDOWED DIVORCED	4/24/98	62 yr	14(011)110 2010	Hones Will
De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stete or	foreign country)	12. CITIZEN	OF WHAT COUNTR
lone during most of working life, even if relired) SHIP FARD	Annapolis,	Md.	USA	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NA		0042	
Charles Erown	Susie Larr			
				11
Yes, no. or unkown) ((If yes give war or detes of service)	INFORMANT ITAY		BROWN	12(9)
No 219-16-1674	Funeral Direct	or Taylor,	Annapolis.	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]				NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Poisoning by ca	rbon monoxide	Suicide		w Minutes
P 73 / DUE TO		BULCIUE		** ************************************
Conditions, if eny, which geve rise to immediate cause				
(e), steling the underlying DUE TO				
cause last. (c)				
	NOT RELATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	
(0)	NOT RELATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I			GIVEN IN PART 1(a)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I c	or Pert II of item 18.)	GIVEN IN PART 1(a)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. Hooked vacuum clean	(Enter neture of injury in Pert I o	or Pert II of item 18.)		PERFORMED? YES NO [2]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Hooked Vacuum Clean Hooked Vacuum Clean 20c. Time of Injury Month, Dey, Yeer 20d. Injury Occurred 20e. P	(Enter nature of injury in Part I c	or Pert II of item 18.)	GIVEN IN PART 1(a)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20e. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20e. TIME OF INJURY Hour e.m. 20 / 20 / 60 While Not While	(Enter neture of injury in Pert I c er hose to exhe LACE OF INJURY (Home, ferm, ;	or Pert II of item 18.)	(County)	PERFORMED? YES NO [2]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20e. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING III CAUSE OF DEATH. 20e. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURED 20e. Phour e.m. 200, 200, 100 While Not While 100 Whi	(Enter neture of injury in Pert I c er hose to exhe LACE OF INJURY (Home, ferm, ectory, street, office bldg., etc.)	or Pert II of item 18.) LIST pine. 20f. (City or lown)	(County)	YES NO [2]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING III CAUSE OF DEATH. 200. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 200. P While Not While et work in the work in the standard of the remains described above,	(Enter neture of injury in Pert I c er hose to exhe LACE OF INJURY (Home, ferm, ectory, street, office bldg., etc.)	or Pert II of item 18.) LIST pine. 20f. (City or lown)	(County)	YES NO (Stete)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT I 20e. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED While Not While et work et work to support the support of the remains described above,	er hose to exhaustic of injury in Pertice of the exhaustic of injury in Pertice of the exhaustic of injury in Pertice of exhaustic of e	aust pipe. 20f. (City or town) P.O. Annap spection (T.). Ind.	(County)	YES NO (Stete)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO COURED. PRIMARY TO OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. HOUR OF INJURY Month, Dey, Year 20d, INJURY OCCURED 200. P Hour e.m. 10/13/60 et work et work 10 states 1	er hose to exhe LACE OF INJURY (Home, ferm, ectory, street, office bldg., etc.) nny Acres Farm held an Autopsy , Insicide , Homicide CHIEF MEDICAL EXA	aust pine. 20f. (City or town) P	(County) Olis A A quiry , and d manner	YES NO (Stele) Md. d in my opinion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING II CAUSE OF DEATH. 200. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED While of work in et work	(Enter neture of injury in Pert I come to exhe LACE OF INJURY (Home, ferm, fer	or Pert II of item 18.) 20f. (City or lown) P Annap spection V, Inc. Undetermined LEXAMINER	(County)	YES NO (Stete) Md. d in my opinion DATE SIGNED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. Hooked Vacuum clean While Not While of work	er hose to exhe LACE OF INJURY (Home, ferm, sectory, street, office bldg., etc.) nny Acres Farm, held an Autopsy , Insicide , Homicide CHIEF MEDICAL EXA M.D. ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA	pr Pert II of item 18.) 20f. (Cify or lown) P Annap spection y Inc Undetermined MINER AMINER (AMINER (AMI	(County) Olis A A quiry , and d manner 10/13/6	YES NO (Stele) Md. d in my opinion DATE SIGNED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO COURED. PRIMARY TO OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. HOOKED VACUUM Clean While Not While of work of work to sure work to sure work to sure work. 21. I certify that I took charge of the remains described above, death resulted from: Natural causes Accident SIGNATURE. **EXAMINER'S**	(Enter neture of injury in Pert I compared to exhere the exherence of injury in Pert I compared to exherence of the enterty, street, office bldg., etc.) and Acres Farmineld an Autopsy . Institute of the enterty in the enterty of the enterty of the entert of the enterty of the	aust pipe. 20f. (Cify or town) P	(County) olis A A quiry J and d manner 10/13/6 Glen Burn	YES PERFORMED? YES NO [2] (Stete) Md. d in my opinion DATE SIGNED OO 110, Md.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 200. P While of work of the wo	er hose to exhe LACE OF INJURY (Home, ferm, story, street, office bldg., etc.) nny Acres Farm held an Autopsy, Inside, Homicide CHIEF MEDICAL EXA	pr Pert II of item 18.) 20f. (Cify or lown) P Annap spection y Inc Undetermined MINER AMINER (AMINER (AMI	(County) olis A A quiry J and d manner 10/13/6 Glen Burn	YES NO (Stele) Md. d in my opinion DATE SIGNED
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO COURED. 200. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED. Hour e.m. 10/13/00 et work et work et work 10 sur 10/13/00 et work 10/10/10/10/10/10/10/10/10/10/10/10/10/1	er hose to exha LACE OF INJURY (Home, ferm, sclory, street, office bldg., etc.) NOV ACRES FARM held an Autopsy , Inside CHIEF MEDICAL EXA M.D. ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA Address (Street, city, OR CREMATORY 22	P. Annap spection y Inc. Undetermined AMINER (AMINER	(County) olis, A A quiry [], and d manner [] 10/13/6 Glen Burn own, or country)	YES PERFORMED? YES NO (Stete) Md. d in my opinion DATE SIGNED (Stete) Md. (Stete)

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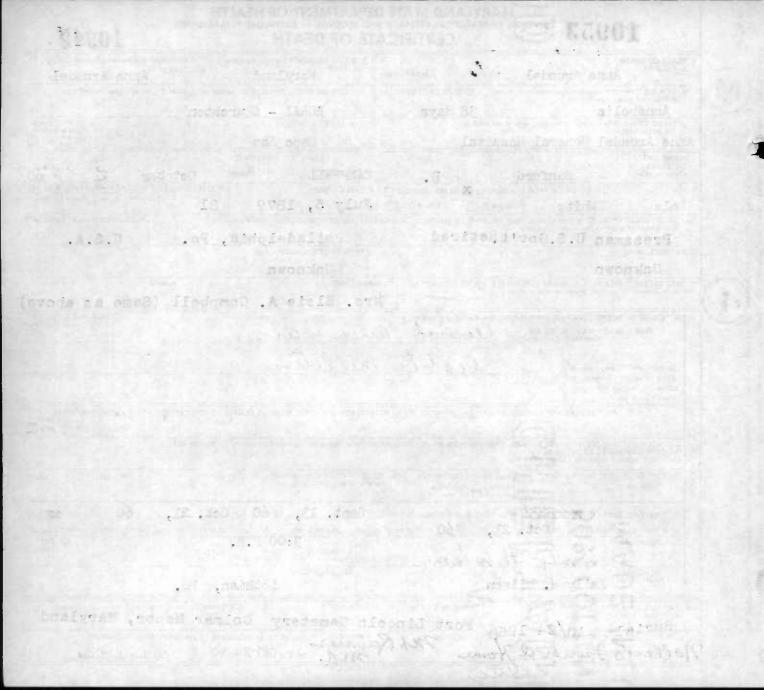
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If it is constant to the constant of the constan	nstitution: Residence before admission) DUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, RURAL and give nearest lown)	write RURAL and give nearest town)
Annapolis 38 days RURAL - Churchton	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
Anne Arundel General Hospital Cape Ann	ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE OF OF	Manth Day Year
	ctober 21 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In lost birt)	
Male White WIDOWED DIVORCED July 5, 1879 81	yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
Pressman U.S.Gov't Retired Philadelphia, Pa,	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Unknown Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
Yes, no, or unknown (If yes, give war or dates of service) Mrs. Elsie A. Campbe	11 (Same as shows
	11 (Same as above
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
HUMEDIATE CAMES IN CATONICAL WINDOWS AND A	
Conditions, if any, which) (b) Diabetes mellitus	
Conditions, if any, which) (b) Deavily Mellelles	
gove rise to immediate DUE TO	
lying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS.	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF CONTRIBUTION OF CONTR	18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while ot work at work at work at work	(Caunty) (State
21. I certify that (I) (xiscoppied) oftended the deceased from. Sept. 13. 19.60, to Oct.	21 1960 . that (I) (see las
sow the deceased alive on Oct. 21. 1960, and that death accurred atM, from the cause	
220. SIGNATURE 3:00 P.M.	22b, DATE
Engle H. Inlam M.D. PHYS. DIRECTOR DIPHYS.	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) Emily H. Wilson Lothian, Me	1.
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	
Burian 1960 Fort Lincoln Cometery Colmar	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA Rainer 250. REC'D BY REGISTRAR 256	. REGISTRAR'S SIGNATURE
	Cithus S. House



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10995

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1.	o. County Anne	rundel		MARYL	AND	2. USUAL RES	idence (who	ere decease	d lived. If institut b. COUNTY		ce before	odmissie #	on)
	RURAL ond give n	If outside corporate limit earest town) G. Meade	s, write	c. LENGTH OF STAY I	N 16	c. CITY OR	town (If o	utside corpo	prote limits, write	RURAL and	give neare	est town)	
	d. NAME OF HOSPIT	y Hospital	ive street	oddress)		d. STREET	ADDRESS - E 3:	lst S	3	Voi	-4	ON A	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Firs	st	Middle		CLARK	ost	4. DATE OF DEATH	Mo	nth ctober	Doy 2	10	9 60
5.	sex Male			RIED NEVER MARRIEI ED N/ADIVORCED		DATE OF BIR		1960	9. AGE (In years lost birthdoy) yrs	Months		Hours	R 24 HRS Min.
10	a. USUAL OCCUPATION during most of wor	king life, even if retired)	lone 10b.	KIND OF BUSINESS OF	INDUST		ryland		auntry) ACo		ZEN OF V	WHATC	OUNTRY
13	Ronald J	Clark				14. MOTHER	s maiden n Marie		У			7	
	. WAS DECEASED EVE	R IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO.		ormant ather	Co B	19th	Engr bn	eress Ft Geo	G M	leade	9 (
	Conditions, if c gove rise to i cause (o), stating lying couse last.	mmediote ()	D'rem	ules	nty.					7	TAND	
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA						VEN IN PAR		PERFO	AUTOPSY RMED? NO .
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter noture	of injury in I	Part I or Pa	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Manth, Day, Yea	While of wor	Not while		E OF INJURY ory, street, offi			y or town)	(1	County)		(State
				ded the deceased 1960, and									
	220. SIGNATURE	Ton In	16	is &		ATTENDI PHYS.	NG MI	ED. RECTOR	STAFF PHYS.		25. (22b	SIGNET
	22c. PHYSICIAN'S NAME (Type)	ROY M. S	SLEZA	AK, Capt., 1	M.C.	22d. ADD		p Ft	Geo G Me	ade,	Md.		
23	Ba. BURIAL, CREMATIC REMOVAL (Specify Burial		170000	23c. NAME OF CEME Holy Rec ADDRESS			n.		ir Road	Balt	٥.,	(Stote	a)
	FOR CO	S SIGNATURE			ATE			CT 3 1		Lithua 2			

the foneral director, 2 should be filed with haurs after death. Page 4 D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be refined by the haspital or attending physician.

D FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave corban popers. Pages 1 the Stote Board af Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL may be re VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH Item 9 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission I director. Page or your files. a. COUNTY a. STATE b. COUNT Anne Arundel Prince George's Marvland MARYLAND b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town? Gambrills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Riverdale 0 d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1.810 YES TO NO T Tuckerman St. 3. NAME OF First Last Middla DATE Dev Yaar DECEASED Found (Type or print) 19 GRACE October 19 COCHRAN should be executed within 24 hours after death gy" in pencil in Item 18. Give Pages 1, 2, and 3 to 5' Office along with form PM3. Page 5 may b a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months ! Hours WIDOWED DIVORCED Female White IDe. USUAL OCCUPATION (Give kind of work OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, given if retired) usaure 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple blunt impacts to the head. DUE TO removal, Conditions, il any, which (b) "pending" gava rise to immediata causa u (0) DUE TO the certificate, writing the word "pending forwarded to the Chief Medical Examiner"

L. DIRECTOR: Page 3 should be used as (a), stating the underlying cause last. pesn ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat YES K NO T 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF OF CONTRIBUTING Page 3 sho to burial, Beaten with blunt instruments by assailant during robbery. CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Day, Yeer (County) (Stata) fectory, street, office bldg., atc.) While Not While et work Woods Gambrills ₹(about) p.mAug. 20-21 19 60 Anne Arundel. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M. D. DEPUT lease ex NAME (Type) Addrass (Street, city, town, or county) 224. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d-tOCATION (City, town, or country) (State) REMOVAL (Specify) **940** REC'D BY REGISTRAR I VS. A15ME OCT 2 4 '60 arthur S. Kraus 5M 7/59 wast.De

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the funeral director.

may be ref. Led by the haspital ar attending physician.

D. FUNERA L. RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Baard of Health prior ta burial, crematian, ar remayal, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VR A15 (4) 15M 9/S9

PLACE OF DEATH a. COUNTY	Ahne Arundel	MARYLAND	2. USUAL RESIDENCE (W			Residence before	
RURAL ond give r	olis	c. LENGTH OF STAY IN 16	cocity or town (if RURA		limits, write RURA		est tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street of General Hospi	tal	d. STREET ADDRESS P.O.	Box-395		е	IS RESTDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lena	Middle	CRASS	4. DATE OF DEATH	Manth October	Day 2	Year 1960
s. sex Female	6. COLOR OR RACE 7. MARRI WIDOWE	DIVORCED [B. DATE OF BIRTH Dec. 15, 18	75	last birthdoy) M.	onths Doys	F UNDER 24 HRS. Hours Min.
during mast of war	ON (Give kind of work dane 10b. I king life, even if retired)	tind of business or inc	Maryl	and	ry)	U.S.	WHAT COUNTRY?
, , , , , ,	nova		Mother's Maiden	van -/ Ti	Bradle	7)	
1S. WAS DECEASEDEV (Yes, no, ar unknown)	ER IN U. S. ARMED FORCES? 16. S (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17	Melvin (Smul	Address 2		
	ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (a), (b), and (c).	lmman	y Ed	ina	INTER ONSE	VAL BETWEEN T AND DEATH
Canditions, if gave rise ta cause (o), stating lying couse lost PART II. OI PART II. OI 20a. ACCIDENT WO OR CONTRIBUTION	DUE TO DUE TO DUE TO DUE TO DUE TO CONY, which the under- HER SIGNIFICANT CONDITIONS C	Cut pur Presocus ONTRIBUTING TO DEATH B LE Obs	luch ring arting IT NOT RELATED TO THE TERM RED. (Enter noture of injury in	Dise MINAL DISEASE CO. Rhen Part I or Port II	ONDITION GIVEN	onse 3	T AND DEATH
Canditions, if a gave rise ta cause (o), stating lying couse lost PART II. OT PART II. OT PART II. OT PART II. OT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Ony, which Immediate The under- HER SIGNIFICANT CONDITIONS C AS UNDERVING S UNDERVING S CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Year 20d. IN White	ONTRIBUTING TO DEATH B LEIBE HOW INJURY OCCUR SJURY OCCURRED 20e.	truction	rm, 20f. (City or	protection (B.)	onse 3	WAS AUTOPSY PERFORMED?
PART I. DE Canditions, if a gave rise ta cause (a), stating lying couse lost PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. m. p. m. 21. I certify th	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Ony, which Immediate The under- HER SIGNIFICANT CONDITIONS C AS UNDERVING S UNDERVING S CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Year 20d. IN White	ONTRIBUTING TO DEATH B STRIBE HOW INJURY OCCUR STRIBE HOW INJURY OCCUR OF WORK O	PLACE OF INJURY (Hame, for factory, street, office bldg., eldeath occurred at	M, from the	town)	IN PART 1(a) 19 (County) (19 60, the dote	WAS AUTOPSY PERFORMED? YES NO (Stote) (Stote)

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	the same of the state of the same of the s		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10997

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1. PLACE OF DEATH O. COUNTY/WAR ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: desidence be a. STATE A HAGE And b. COUNTY HAMPH	Pundo/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown LURAL PARCET OF STAY IN 16	c. CITY OF TOWN (If butside proporte limits, write RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, givestreet address) OR INSTITUTION ONING DRIVE	d. STREET ADDRESS 8 Mm Q	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HAZO/First EMAJA Middle	UMM/INGS DEATHOCTOBOR 1	S 1960
Fengale White widowed Divorced	Nov-5, 1897 (2 yrs. Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR IND during most of working life, even if retired)	Kornsylvania U	of what country?
DAVID VAN HORN	MARGERET ESATBAUGI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dries of service)	MEDICAL CUMININGS Clon	BURNER
1B. CAUSE OF DEATH [Enter only one couse per lim for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		NTERVAL BETWEEN NSET AND DEATH
	ascular Accident	10 days
gove rise to immediate couse (a), stating the under- lying cause lost. DUE TO END DRA	Annoeius clerosis 1	ILYRS
Seral FA.	TUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Part II of item 1B.)	
Y 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour a. m. While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(State)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on	t death accurred of 1. M. from the causes and an the da	that (I) (we) last
20. SIGNAJURE Priceard	M.D. ATTENDING DIRECTOR STAFF	22b. DATE SIGNED
225 PHYSICIAN'S NAME (Type) & W. PRICHPRINA	10 715 COTTERRO GONBO	urnie 4d
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, 10mm, or county) OR / / / / / / / / / / / / / / / / / / /	(Stote)
24/FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	,

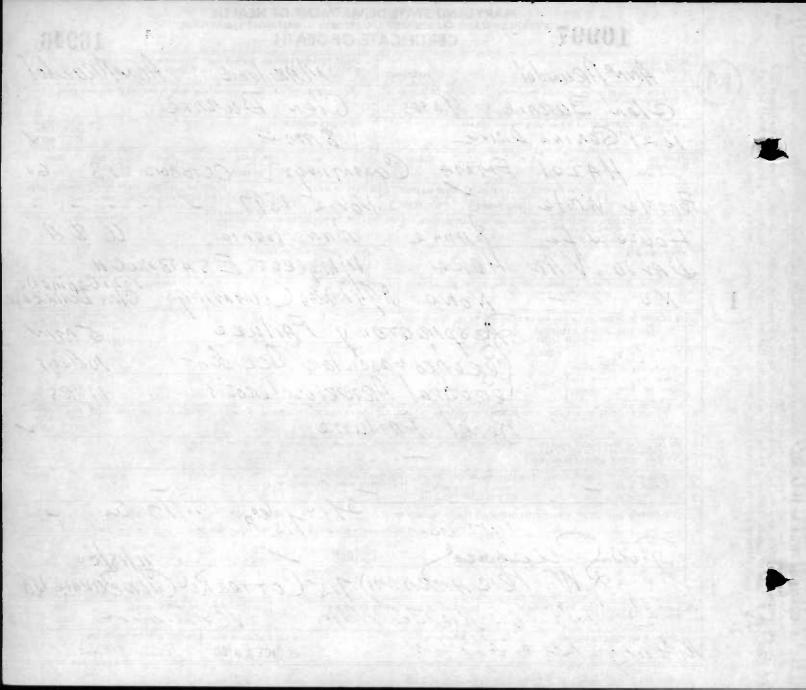
TO HOSPITAL, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the hospital or ottending physician.

TO FUNERA RECTOR: After this certificate has been signed by the ottending physician and completely filled:

To FUNERA RECTOR: After this certificate has been signed by the ottending physician and completely filled:

The funeral filled with page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 or 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

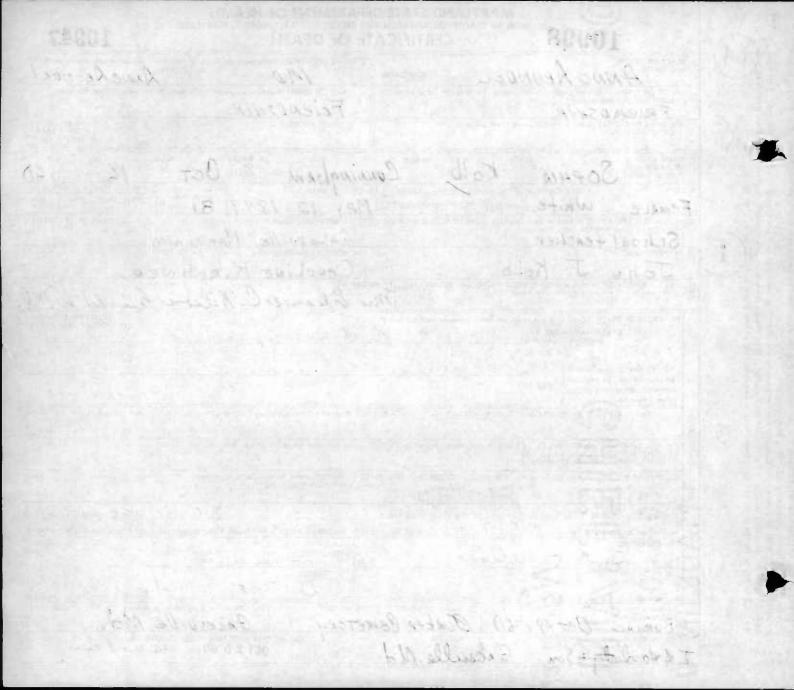


TO HOSPITAL May be rev

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10998 CERTIFICATE OF DEATH

		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY AWE ALUNC
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRICA D SHIP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FLIENDSHIP
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENC ON A FARM YES \(\square\) NO
1	3. NAME OF DECEASED (Type or print) SOPHIA First KOLD Middle CUNN	Last 4. DATE OF Month Day Year OF DEATH OCT 16 Day 196
F	Female White WIDOWED DIVORCED M	DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 F Oost birthdoy) 8 yrs. IF UNDER 1 YEAR IF UNDER 24 F Manths Days Hours Mi
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Feacher	GALESVILLE MARYLAND
	John J. Kolb	CAROLINE KIRCH NER
1S. (Yes	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	. Eleanse C. Wilson Friendship M
,	PART 1. DEATH Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO (c)	celusion
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED YES NO
		Enter noture af injury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED foctory Hour a. m. p. m. 19 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED with foctory at work of wark	OF INJURY (Home, farm, 20f. (City or town) (County) (SI y, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram	19 , ta Oct. 16 , 1960, that (I) (we) with accurred at 4th M, from the causes and an the date stated about
		22b. DAT STAFF PHYS. DIRECTOR PHYS. 22b. DAT SIGN
	22c. PHYSICIAN'S NAME (Type)	Lettean, md.
230	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CIRCUMSTANCE (Specify) OCT 19/960 OUNKER COME	REMATORY 23d. LOCATION (City, town, or county) (Stote)
24.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS To Alander & Some Grahame 100 Md	250. REC'D BY REGISTRAR DATE OCT 2 0 '60 25b. REGISTRAR'S SIGNATURE CITIZEN 8. FILLING



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10000 CERTIFICATE OF DEATH

10948

		. 0 0 0 17								
1. P	LACE OF DEATH COUNTY Anne Aru	ndel		MARYLAND	2. USUAL RESIDENCE o. STATE Marylan		b. COUNTY			ssion)
	RURAL ond give n	lle		yrs lomonth	c. CITY OR TOWN	(If outside corp	porate limits, write F	RURAL and g	1 - 6	4
C	OR INSTITUTION	TAL (If not in haspital, s		ss)	d. STREET ADDRES		Street		ON	A FARM?
_	CLOMURAT	lle State I	rosbi car		1020 114	DOL HOM	00100		163	_
0	NAME OF DECEASED Type or print)	Mo	rst 08 03	Middle	Daniels .	4. DATE OF DEAT	н 1	O	13	19 60
S. S	Male Male	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH November 2	2, 1905	9. AGE (In years lost birthdoy) 54 yrs.	Months	Days Hour	
(Oa.	USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	dane 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S	Caroli		12.CITI	ZEN OF WHAT	
3. 1	FATHER'S NAME William	Daniels			14. MOTHER'S MAID	e Price				
		ER IN U. S. ARMED FOR (If yes, give war or dates of	service)	al security No. 17.	Hospital	Records		Iress		
	PART I. DE)	(a), (b), ond (c).] Cardiac Fr Cachexia	ailure				INTERVAL ONSET AN	BETWEEN D DEATH
CERTIFICATION	Chronic	the under DUE TO	rome Ass	RIBUTING TO DEATH BU SOCIATED TO LOURAL REA	y of Stomach of Not Related to the to Alcoholic I	ntoxica	tion with	VEN IN PAR	PERF	S AUTOPSY ORMED?
	OR CONTRIBUTING	AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature of injur	y in Part I or Po	ort II at item IB.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	While		PLACE OF INJURY (Home, factory, street, affice bldg.		ity or town)	(0	County)	(Stote
	saw the decea			he deceased fram 19 60, and that	8/6 death accurred a	1954ta	10/13 n the causes ar	, 19 nd an the	60 that (I)	(we) las
	22c. PHYSICIAN'S NAME (Type)	Your	M/2		M.D. ATTENDING PHYS.	MED. DIRECTOR	state Hosp	t to 1	10/	14/60
230	BURIAL, CREMATIC		dict, M.	. NAME OF CEMETERY			ATION (City, town,			Atal
	BOVAL (Specify	10-18-	60 %	1 1.1.	ary CEM.	REC'D BY REGI	1. COUN!	IS RARS SIG	mo	ite)
1	mile	E. Elie	hom	N. CArol	ALC: UNITED BY	OCT 1 7	160 ZSB. REG	Litting 1	SINATURE SINATURE	

the funeral directar, should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be refuged by the haspital or attending physicion. **D FUNERA RECTOR:** After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL TO FUNERA

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the funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10956

1. PLACE OF DEATH a. COUNTY	Anne Aru	ndel	MARYLAND	2. USUAL RES	Maryl		b. COUNTY		befare admission)
RURAL and give n	If autside carporate limi earest tawn) 1apolis	its, write	c. LENGTH OF STAY IN 16	c. CITY OF	Annap		ate limits, write R		
d. NAME OF HOSPIT OR INSTITUTION Anne Arunde	AL (If not in hospital, o			d. STREET	ADDRESS 7 Ride	geley A	ve.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Leo	st	Middle	DARD	ost EN	4. DATE OF DEATH	Octobe		Day Year 3 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED	B. DATE OF BIR	1. 19C		9. AGE (In years last birthday) 56yrs.		YEAR IF UNDER 24 HRS ays Haurs Min.
Prop.	ON (Give kind af wark king life, even if retired)	to Sales Co	Nor	th Car	olina	untry)		N OF WHAT COUNTRY
3. FATHER'S NAME Unknow				Un	'S MAIDEN I	NAME			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		INFORMANT Hospital	Danas		Add	ress	
Canditians, if a gave rise ta i cause (a), stating lying cause last. PART II. OTI	mmediate the under. DUE TO	ACT DITIONS CO	ERIOSCHER ONTRIBUTING TO DEATH BU ARY THEOM	UT NOT RELATED	TO THE TERM	INAL DISEASE	ual as	ZEN IN PART 1	INTERVAL BETWEEN ONSET AND DEATH HES VICTOR (a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUF Haur a. m. p. m.	MEDICAL EXAMINER)		Nat while	PLACE OF INJURY factory, street, aff	(Hame, farm	n, 20f. (City		(Cau	unty) (State
	Edward S. DATE THEREO Oct. 7,	Beck 0F 1960	23c. NAME OF CEMETERY Oak Hill Ce ADDRESS napolis, Mary	M.D. ATTENDIO M.D. PHYS. 22d. ADD 71 OR CREMATORY metery	ed at	M, fram P.M. ED. RECTOR □ in St. 23d. LOCAT Balti D BY REGISTI	STAFF PHYS. Annapo ION (City, tawn,	olis, Me ar county) ar wland strars sign	date stated abave 22b. DATE SIGNED 10/4/60 d. (State)
"OPPLIE I	7	4441	inhorand india	**************************************	DATE (ILI O	60 C	Irithur S.	/ Chance

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		22000		CEKIII	ICA	IE OF DEATI						
1.	PLACE OF DEATH o. COUNTY	nne Arunde	1	MAR	YLAND	2. USUAL RESIDENCE (Vo. STATE Maryland	Where deceased	b. COUNTY	on: Residence		ssion)	
	b. CITY OR TOWN (I RURAL and give no Crown	f outside corporate lime corest torm)	its, write c.	mos 18		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	OR INSTITUTION	AL (If not in hospitol, g		ress)		d. street address Unknown						
	NAME OF DECEASED (Type or print)	Fi	rst hn	Middle		lost Davi s	4. DATE OF DEATH	Mon		Day 30	Yeor	
_	SEX	6. COLOR OR RACE		Henr	-	B. DATE OF BIRTH	DEATH	9. AGE (In years		YEAR IF UND	19 60 ER 24 HRS.	
	Male	Negro	WIDOWED			1894		lost birthdoy)		Doys Hours		
10c	. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIN	D OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?	
	during most of wor	king life, even if retired				Georgia	a			U.S.A.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Ike Phe	lps				Lorain	e ?					
		R IN U. S. ARMED FOR		IAL SECURITY NO). 17. IN	FORMANT		Addr	ess			
	Unknown	(ii yos, give was or acted or	U	nknown		Hospital Rec	ords		-			
		ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (5	or (0), (b), and (c)	121	hemorri	hage	,		INTERVAL E		
	023	DUE TO	1				7	tic Cal	ndin			
	Conditions, if a gove rise to i couse (a), stating	m mediote	vasc	ular	Dis	d Arterios	SCIEW	110 000	2010-			
	lying couse lost.) (4	:)									
CERTIFICATION	PART II. OTI	HER SIGNIFICANT COM	IDITIONS <u>CON</u>	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES	ORMED?	
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY (OCCURRE). (Enter noture of injury i	in Port I or Por	t II of item 1B.)	i.in			
MEDICAL	20c. TIME OF INJUI Hour o. m.	Y Month, Doy, Ye	While	Not while	20e. PLA	ACE OF INJURY (Home, fortory, street, office bldg.,	orm, 20f. (City	or town)	(Co	ounty)	(Stote)	
2	p. m.				1.5	May 12,	59 (ortober 3	060	2 4 . 0		
						eath accurred at?						
	220. SIGNATURE	sed dilve dn	1/	, and	that a	earn accurred art.	- My Trom	the causes an	a an the		2b. DATE	
	. 0	Hiva Paza	LORD	1 tein		M.D. ATTENDING	MED.	STAFF PHYS.		10/31	160 NED	
	22c. PHYSICIAN'S	1000	17000			22d. ADDRESS						
	NAME (Type)	Hildegard H	. Reiss	mann. M.	. D.	Crownsv	rille S	tate Hosp	ital,	Md.		
230	BURIAL, CREMATIC		OF 2:	Hospit	AETERY O	R CREMATORY	-	TION (City, town, o	or county) Marvl	-	ote)	
24.	FU VERAL DIRECTOR	'S SIGNATURE	-//	AST RESS	15	2So. RE	C'D BY REGIST	TRAR 2Sb. REGIS	STRAR'S SIG	NATURE		
	Dr. Garl	s s. Ward,	Super	nfenden	t	DATE	NOV. 7	, 1960		0 1/		
							NOV 1	4 '60	Circinal	A. TVANA		

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PLACE OF DEATH o. COUNTY MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Pe RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS NAME OF 4. DATE First OF DEATH fille (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH EMALE WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) remove carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO à Canditions, if ony, which signed gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. as the burial-transit 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from. , and that death occurred at alive on ACTUAL PHYSICIAN'S NAME (Type) 3 220. BURHAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE DIMINES NE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11001 **CERTIFICATE OF DEATH** Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ON FARM? Month Day Yeor 19 60 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO I (County) (Stote) 1969 that I last saw the deceased A. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

(State)

Cirthur S. Kraus

Committee of the commit NA COLUMN AND THE RESERVE OF TH the second of the part of the control of the contro the separate of the later of th

VR A15 (4) 15M 9/59

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1	0	9	5	DIVISION	OF	STATISTICA

RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	A. A. Co.	MARYLAN	O STATE	DENCE (Where decease	b. COUNTY	A A A	fore admissio	in)
b. CITY OR TOWN (RURAL ond give no Annapolis	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN	1	na Park	porote limits, write R	URAL ond give n	earest tawn)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street Arundel Gene:		d. STREET A	ounty Rd			e. IS RESID ON A F YES	FARM?
3. NAME OF DECEASED (Type or print)	First Margaret Pri	Middle ce Ebeling	Las	OF		0/60	Day Ye	eor 9
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED			9. AGE (In years lost birthdoy) 58 yrs.	Months Doys		Min.
H.W.	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPL		country)	USA	OF WHAT CO	DUNTRY
13. FATHER'S NAME	TOWNS Townett	Lewis	Core				Table 1	
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		17. INFORMANT		Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of service)		William C	. Ebelin	g.Sev.	Pk., Md.		
Canditions, if a gove rise to i cause (o), stoting lying cause lost.	the under-	Cormany	artery	diseas	oe,	4	neinut	es
CATIC	HER SIGNIFICANT CONDITIONS	SCRIBE HOW INJURY OCCU	3/2/15/10/			VEN IN PART 1(0)	PERFOR.	WEDY
OR CONTRIBUTING	MEDICAL EXAMINER)							
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d. While of wo	Not while	e. PLACE OF INJURY (foctory, street, office	Home, farm, 20f. (C e bldg., etc.)	ity or town)	(Count	у)	(State
	at (I) (this haspital) attended		400	and the contract of				
220. SIGNATURE	tem J.L. A	lawiote	M.D. PHYS.		STAFF PHYS.	10/22/6	22b.	DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	0		22d. ADDR					
Burial (Specify	Oct. 24/6	O Loudon P		Bal		29 Md.	(Stote))
24 EUNERAL DIRECTOR	5.4101 Edmond	son AVe.		DATE OCT 2		STRAR'S SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.10952

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Doys

USA

(County)

e. IS RESIDENCE

12th 1960

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES K NO

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO X

Year

Anne Arundel

15M 9/55

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8 6	J. Gaillard Frey, Smedical Examiner's Certificate of Death 10953
should cremati	1. PLACE OF DEATH a. COUNTY A.A. Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A.A. Co.
Poge burioty	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sherwood Forest c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Sherwood Forest
rector.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 770 Robin Hood. d. STREET ADDRESS ON A FAI YES NO
gistr	3. NAME OF First J. GAILLA HANDELO Last 4. DATE Month Day Your OF DECEASED (Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
the form	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Sept. 24, 1911 9. AGE (in year) IF UNDER 1YEAR IF UNDER 24 hours Min. Months Doys Hours Min.
and 3 to	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) President Wholesale Grocers Maryland 12. CITIZEN OF WHAT COUNTY 11. BIRTHPLACE (Stote or foreign country)
T NOW	13. FATHER'S NAME Walter A. Frey. Sr. Helen Gilmore
Poge File Poge	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 212-07-8580 Mrs. Caroline P. Frey-770 Rebin Hood
n PM3.	18. CAUSE OF DEATH [Enter only one couse per line for (o)/(b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LINTERNAL BETWEEN ONSET AND DEATH
in Item with far transit p	DUE TO Conditions, if ony, which) (b)
olong burial	gave rise to immediate cause (a), stoting the underlying cause last. (c)
ding" in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTO PERFORMED YES 1 NO
ford pen	20a. EXTERNAL CAUSE WAS PRIMARY OF GRONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH.
the war	20c. TIME OF INJURY Month, Day, Year 20d NJURY OCCORRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Steep 1 of work at wor
writing hief Me OR: Pog	21. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and find death resulted from: Natural causes, Accident, Suiciden, Homicide, Undetermined cause
of the Collection of the Colle	ACTUAL SIGNATURE CONTROL DATE SIGNED
wards UNEXAL removal.	EXAMINER'S RAME (Type) E. LIN BARO F. DEPUTY MEDICAL EXAMINER 10-7-6
or o	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Eurial 10/10/60 Druid Ridge Cemetery Pikesville, Maryland
S. A15ME(5) 5M 9/55	22 FUNERAL DIRECTOR'S SIGNATURE FOR BADDRESS WM. J. TICKER SIGNATURE DATE OCT 1 1 '60 DATE 240. REGISTRAR'S SIGNATURE DATE OCT 1 1 '60 DATE

11002 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10953 Reg. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO

Year 196

IFUNDER TYEAR IF UNDER 24 HRS.

. 24, 19	11	49 yrs.	Months	Doys	Hours	Min.
IRTHPLACE (Stote of	or foreign o	country)	12. CIT	IZEN O	F WHAT	COUNTRY?
Maryland THER'S MAIDEN N	AME					
en Gilmo	re					
NT		Address				Te V
Caroline	P. F	rey-770 F	labin	Hoo	d	
vand	S	Eull			RVAL BETWEET AND DE	
			13			
TED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR			AUTOPSY RMED?
re of injury in Part	I ar Part II	of item 18.)	in	· Low	0	
JURY (Hame, farm, , affice bldg., etc.)	20f. (Cit)	y ar tawn)	(Ca	unty)	2	(State)
d an Autopsy Homicide	Daniel .	nspectian , ndetermined c	Inquir ause	ry 🔲	, and	find that
WIEE MEDICAL EV	MAINER -				DATE :	IGNED
SSISTANT MEDICAL		R 🗆				
EPUTY MEDICAL E		,_	,	10	-7-	60
ORY	22d. LOCA	TION (City, tawn, o	or county)		(Stat	0)
ery	Pike	sville, M	laryla	and	- 10	
24a. REC'D	BY REGIST	160 24b. REGIS	TRAPIS SI	GMA H	REMA	

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FOR STATE il director. Page for your files. for Boar refa and 3 to the 2 with the his pould be executed within 24 hours after dean in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit perroff. File pages 1 and 2 withousl, and in any event within 72 hours. removal, ease at the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem DEPU 40 6 VS. A15ME

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF 2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Same c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Glen Durnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Annapolis Rd NAME OF Middla 4. DATE DECEASED OF (Typa or print) Garry Gaskin DEATH October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | last birthday) Months Dave WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) School Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene Gaskin LOretta Rudy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgiva warordatas of service) NO Mone Mrs. Loretta Gaskin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Epilepsy due to Malformation of Brain IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the undarlying çausa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry death resulted from: ccident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Typa) Addrass (Streat, city, town, or county) 22a, 8URIAL, CREMATION, 22b. OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR DATE OCT 2 0 '60 arthur S. Krous 5M 7/59

18 Film -MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

> e. IS RESIDENCE ON A FARM? YES NO

> > Yaar

19

Hours

INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? NO [

> > (State)

and in my opinion

DATE SIGNED

10/18/60

(Stata)

IF UNDER 24 HRS.

MEDICAL LLAMINUES CONTINUATE DE DEATH PROPERTY. 13/11/20 All the second trail of willier and the

FOR STATE

al director. Page is necessary, files. for your Board of TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deplease etc. 19 the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fig. 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any great within 72 hours after death. 0

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 10955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY			ICE (Where decessed lived, If institution: R	esidence before edmission)
Anne Arundel	MARYLAND	e. STATE Mary	land b. county Anne	Arundel
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neeres! town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)
Annapolis		/ Anna	polis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
387 Spa Road	Marie Street	387	Spa Road	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) MORRIS	7),	GILMORE	DEATH October	2, 1960
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Male White WIPOWE	D DIVORCED	9/14/89	71 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during man of working life, even if retired) 13. FATHER NAME 13. FATHER NAME	nd of business or industr bt, Ret.	Y 11. BIRTHPLACE (Stote 14. MOTHER'S MAIDEN 14. MOTHER'S MAIDEN	usport Ja 4	ZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, nd. or) (Ifysseivewerordelesofservice)	SOCIAL SECURITY NO. 17. I	NEORMANT	Address Address	
18. CAUSE OF DEATH [Enter only one cause per li	ine for (e). (b), end (c).)	unne 11.	hi summere	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Subdu				ONSET AND DEATH
	o sovetees			
Conditions, if eny, which	ANDSKARAGOS			Maria Maria
geve rise to immediate cause				
(e), steting the underlying DUE TO				
z cause lest. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a)) 19. WAS AUTOPSY
CATIO	21			PERFORMED? YES NO
20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING ☐ CAUSE OF DEATH.	BE HOW INJURY OCCURED. (E		rt for Pert II of item 18.)	
	Fell down step		m, ' 20f. (City or town) (Cour	tul (Ctall)
Hour While	Not While fect	ory, street, office bldg., etc	:.)	***
		House	Annapolis, Anne A	
21. I certify that I took charge of the rem	and the second	-	Inspection, Inquiry,	and in my opinion
death resulted from: Natural causes,	Accident X. Suic	de, Homicide	Undetermined manner	
ROC	10	CHIEF MEDICAL	EXAMINER X	
SIGNATURE CUSSEL S	Tisker	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
EXAMINER'S Russell S. Fishe	er M.D.	DEPUTY MEDICA	<u> </u>	10/3/60
NAME (Type) 100 P 15110	22c. NAME OF CEMETERY OR		city, town, or county) 22d. LOCATION (City, town, or country)	(Stete)
15 URIAL 10/5/1960	US NAVAL AC	ADEMY	AUNAPOLIS	MO
23. FUNERAL DIRECTOR	ADDRESS	, , - , - , - , - , - , - , - , - ,	C'D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE
JOHN M. TAYLOR SONS	ANNAPOLIS M	10 DATECT	16 '60 Oathur & to	Caus

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10960

CERTIFICATE OF DEATH

10957

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND 2. C	JSUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Annel Arundel
1	Gien Burnie 4 years	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Glen Burnie
	d. NAME OF HOSPITAL (If not in hospitol, give street address) or institution Anne Arundei Hospital Annapolis, Md.	d. STREET ADDRESSO13 Preston St. C. IS RESIDENCE ON A FARM? YES NO
3	(Type or print)	ALESosi 4. DATE October 35°, Yeo60
	5. SEX Female 6. COLOR OR RACE White Widowed Divorced Divorced	TE OF BIRTH, 1945 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane during post of masking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Nassawadox, Virginia. 12. CITIZEN OF WHAT COUNTRY? USA
1	Jesse W. Hales	MOTHER'S MAIDEN NAME Helen Phillips
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM NO. 18. INFORM N	Helen P. Hales (mother) same addres
	DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. Conditions, if any, which (b) DUE TO UNIT TO CONTRIBUTING TO DEATH BUT NOT.	eralized and diffuse. Interval Between onset and Death 2 weeks Related to the terminal disease condition given in Part 1(a) 19. Was autopsy the condition given in Part 1 to 1
Central	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) NOTIFY MEDICAL EXAMINER)	ter nature of injury in Part t ar Part II af item 18.)
0.027		F INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	21. I certify that I attended the deceased fram Jan 3 alive an Oct. 15 , 1960, and that death occ ACTUAL SIGNATURE H.F. Manuzak, M.D. PHYSICIAN'S H.F. Manuzak, M.D.	urred at 5:10 M, from the causes and on the date stated abave. ADDRESS (Street, city ar town, state) ADDRESS (Street, city ar town, state) DATE SIGNED 425 S. Ritchie Hwy., Glen Burnie, Md.
2	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CRE REMONAL (Specify) 10/17/1960 Bella Henn	MATORY 22d LOCATION (City, town, or county) Relle Haven Va
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mytte Jones Mappetunes	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ATE OCT 2 0 '60 Orilor & Kraus

ESTIFICATE OF DEATH Isom redend a see building see Seil's a notesta reatons owner (radion) select transfilming the men of the content encoments, renemalized and diffuse. --A BETTARD BERYDE DOWN CITTOWN, TOLER LETTER TON The state of the second the state of the s

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIA	MORE, 18
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTI	MORE, 1

1005	CERTIFICATE O	F DEATH
7000	0211111101112	

Reg. Dist. No. 10958

1.	PLACE OF DEATH o. COUNTY Anne Aruno	del		MARYLA	- 11	USUAL RESIDENCE (W. STATE	here deceased Se	lived. If institution b. COUNTY	n: Residence	before admi	ssion)
	b. CITY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY IN	1 1ь	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	JRAL and giv	re nearest to	vn)
H		AL (If not in hospital, g	ine street	a didance)				O A		L. IC DI	ESIDENCE
	or institution Fifth Avent	A STATE OF THE PARTY OF THE PAR			5	d. STREET ADDRESS		1		ON	A FARM?
-	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF DEATH	Mon	r 7th	Day	Yeor 1960
	(Type or print)	Jesse Ew									
5.	SEX M	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	D B. N	aren 15,	1891	9. AGE (In years last buthday) yrs.	Months D	YEAR IF UN	
10	a. USUAL OCCUPATIO			KIND OF BUSINESS OR	INDUSTRY	111 BIRTHPLACE (Stote	e or foreign co		12 CITIZ	EN OF WHA	AT COUNTRY?
	Ret. Cor	ing life, even if retired	G	eneral re						SA	200,,,,,,
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Rober	rt Hardin	g			Martha	a Hick	a			
15	WAS DECEASED EVE	IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO.	17. INFO	RMANT		Addı	ess		
(Y	es. no. or unknown)	If yes, give war or dates of s	ervice) 21	3 07 4559	Mrs	Martha	Hardi	ng- Wif	e seme	eas #	1
CERTIFICATION	Conditions, if or gove rise to in couse (o), stoting 1 lying couse lost. PART FL. OTH	by which the under-	O CH	erioscleroti ongestive he nolelithiasi contributing to DEAT	s wi	failure. th hiatus h	nernia. MINAL DISEASE	CONDITION GIV		PERF	
MEDICAL CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER) Month, Day, Ye	ar 20d, II While of wor	Not while		OF INJURY (Home, for , street, office bldg., et		or town)	(Co	unty)	(Stole)
	actual signature	ot I attended the /60 · slave)	(Pa	wher super	60 leath ac	tourred at 2 F	ADDRESS (Sh	the causes o	nd an the	date sta	DATE SIGNED
22 0 !	o BURIAL, CREMATION OF BUIL 121)F	22c. NAME OF CEMET	ERY OR C	REMATORY		ion (City, town, o			ofe)
_	HOPOIN	SIGNATURE	rkle	ADDRESS	Burn	1e, Modate		RAR 24b. REGIS	TRAR'S SIGN	NATURE	

VS A15 (4) 15M 10/57 Marine Locality Branch

VR A1S (4) 1SM 9/59

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_	M	OF	CT	TICTIC	AL	DECEADON	AND	DECC	DDC	D.A	LITIA	MODE		AAAD	v

DIVISIO

10959 CERTIFICATE OF DEATH

L	7 V 7 A
1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STAJE O. COUNTY
1	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
8	d. NAME OF HOSPITAL (III not in hospital, give street oddress) OR INSTITUTION OR O
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Name OF DEATH A. DATE OF DEATH A. DATE OF DEATH Day Year DEATH 1960
×	SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT) BIRTHPLACE (Stote of Greign country) 12. CITIZEN OF WHAT COUNTRY?
L	FATHER'S NAME Jamus Wood Elizabeth Woods
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Address (If yes, give war or dates of service)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
	Conditions, if ony, which (b)
	gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO Calcuracellus Affinians
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CEPT	OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work 19 of wor
	21. I certify that (I) (this haspital) attended the deceased fram. 1960, and that death accurred all M, fram the causes and an the date stated above.
	226. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ATT ALLEN 22d. ADDRESS 6 L CATHERN & ST
2:	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, toyn, or country) Astote (Specify) (D-41960) (The Country) (City, toyn, or c
2.	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DATE 100 DATE
1	

ragor

CERTIFICATE OR CEATH

45

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Davs

(County)

24b. REGISTRAR'S SIGNATURE

Cirling & Kraus

24a. REC'D BY REGISTRAR

Wash.

2525 Bladensburg Rd.

ON A FARM? YES NO W

Year

10 15M 9/55

E. WAR ELEV

		AND THE REAL PROPERTY.		
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Section 15 States				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 shauld be filed with the funeral directar, may be the test by the haspitol or attending physicion.

> FUNER A. C. RECTOR: After this certificate has been signed by the ottending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 or page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death. TO FUNERAL

VR A15 (4) 15M 9/59

10962

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10961

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATEMaryland	b. COUNTYAn	Residence before odmission) ne Arundel
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate Mayo, Maryland		L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Anne Arundel Hospital	oddress)	d. STREET ADDRESS	.,	e. IS RESIDENCE ON A FARM? YES NO
	The same of the sa	ilderbrand 4. DATE OF DEATH	Oct.	22nd • 19 60
S. SEX 6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH Feb. 3- 1895	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
10cm USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDU		country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Phillip Hilderbrand		Mary E. Taylor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor, or does of service) Yes		NFORMANT s. Augusta W. Hilde	Address orbrand S	ame as # 2.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditians, if ony, which gave rise to immediate couse (a), stating the under. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS C	intercoscle dib-Vascu	eratic hypre lar disease	tensive	2 years
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in Part I or Po	rt II of item 1B.)	(County) (State)
ZOc. TIME OF INJURY Month, Doy, Year 20d. In While at world	Not while fo	actory, street, affice bldg., etc.)	, 6, 16,111,	(county) (side)
21. I certify that (I) (this hospital) attends as the deceased alive an Oct. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)			the causes and c	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF Arlington Nat		ATION (City, town, or clington, Va	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS le (e / Starod)	25g. REC'D BY REGIS	TRAR 25b. REGISTRA	AR'S SIGNATURE

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director, write RURAL end give neerest town) HNNAPOLIS Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 14 Cypress Road YES NO retaille ne State 3. NAME OF DATE Dey Yeer ould be executed within 24 hours after death. It any in pencil in Item 18. Give Pages 1, 2, and 3 to the follifice along with form PM3. Page 5 may be retained along with form PM3. Page 5 may be retained along with file pages 1 and 2 with the 5 burial-transit permit. File pages 1 and 2 with the 5 burial-transit permit. DECEASED OF (Type or print) DEATH KOBERT HINDLE 1960 October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours Min. Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? ALTIMORE 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT (If yes give wer or deles of service) 2/3 To 14 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cvanide Intoxication. IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) geve rise to immediate cause "pending" us 10 DUE TO (a), sleting the underlying Medical Examiner SB 0 cause lest. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Cyanide intoxication 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' Month, Day, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While 10-26-60 Anne Arundel Md. et work et work Annapolis home Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion MEDICAL Undetermined manner death resulted from: r Natural causes Accident Suicide X Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER October DEPUT William V. Lovitt, Jr., M.D. plnous NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 45 NATIONAL 0 0415 Z40 BURIAL 23. FUNERAL DIRECTOR 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME JOHN M. TAYLOR SONS ANNAPOLIS 5M 7/59

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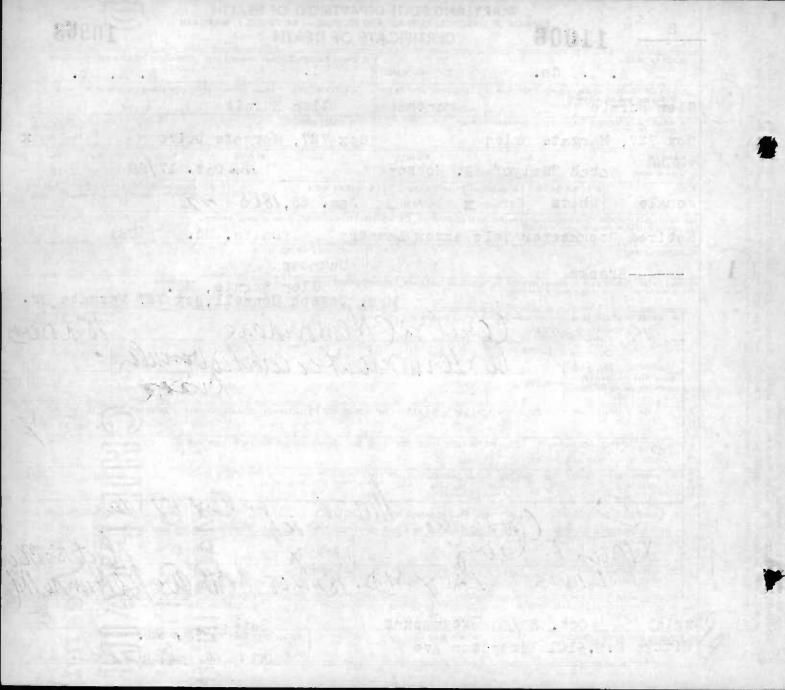
may be refo TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	ATE OF DEATH	10963
1. PLACE OF DEATH a. COUNTY A. A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATEMO. b. COUNTY	nce before admission)
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest tawn)
Glen Burnie 3 months	Glen Burnie	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Box 727. Margate Drive	Box 727, Margate Drive	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sarah "Sadye" B. Hobson	Last 4. DATE Month OF DEATH OCT . 17/60	Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Di	R 1 YEAR IF UNDER 24 HRS.
Female White widowed Divorced	Jan. 25, 1888 lost birthdoy) Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDL		TIZEN OF WHAT COUNTRY?
Retired Bookkeeper Yale Arrow Lau	andry Balto. Md. U	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Dec alors	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unknown) (If yes, give war or dates of service)	Gren Burnie, Ma.	Marcata Dr
1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	s. Joseph Connell, Box 727 1	Margate Dr.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which	look capsin versule	ONSET AND DEATH
gave rise to immediate cause (o), stating the under-lying cause lost.	Diser	
, (6)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture af injury in Part I ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at work	PLACE OF INJURY (Hame, farm, 20f. (City or town) actory, street, affice bldg., etc.)	(County) (Stote)
21. I certify that (I) (this hospital) ottended the deceased from saw the deceased alive on 1944 1944 and that	death accurred of AM, from the causes and on the	ec, that (I) (we) last
22a. SIGNATURE T. Lavy	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) LOVIS T. LAVY M.	D. 1844W Ankavel	OHanne 11
23a. BURIAL, CREMATION, REMOYAL (Specify)	OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
Surial Oct. 20/60 Greenmount 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR PER PRECISORAR'S S	IGNATURE
Witzke F.D. 4101 Edmondson Ave	230. REC D BT REGISTRAR 230. REGISTRAR 5 5	IGNATURE

1 9 '60



	1007		C	ERTIFICA	TE OF DEAT	Н			100	104	
1. PLACE OF DEATH o. COUNTY Anne A	The second second			MARYLAND	2. USUAL RESIDENCE (* o. STATE Marylan		b. COUNTY	~		mission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville c. LENGTH OF STAY IN 1b 2 years 3mo 24 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro						
OR INSTITUTIO	SPITAL (If not in hospitol, gon ville State	1000			d. STREET ADDRESS				0	RESIDENCE N A FARM?	
3. NAME OF DECEASED (Type or print)	Fii Nat	han		Middle	Lost Holley	4. DATE OF DEATH	Man 10		Doy 31	Yeor / 19 60	
5. SEX	6. COLOR OR RACE	7. MARI WIDOW		ER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 65 yrs.	Months Months		INDER 24 HRS.	
10a. USUAL OCCUPY during mast af v Odd Jobs i 13. FATHER'S NAME	ATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BU	JSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ryland		12.CITI	U.S.A	AT COUNTRY?	
James Ho	lley	CES? 16	SOCIAL SEC	URITY NO. 17 III	Fannie	?	Add	rėss			
(Yes, no, or unknown) Unknown	(If yes, give war or dates of		Unkno		Hospital	Record					
Conditions, i gove rise to couse (o), stoti lying cause lo	o immediate DUE TO	A	pter	ioscle	Roticlar		saular sease				
PART II.	OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH				D. (Enter noture of injury		PAYE.	'EN IN PAR	PE	ERFORMED?	
ZOG. ACCIDENT OR CONTRIBUTI OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF IN Hour o.	JURY Month, Doy, Ye	ar 20d. While		£_	ACE OF INJURY (Home, fo	arm, 20f. (City	y ar town)	((County)	(Stote)	
	that (I) (this haspita eased alive an) attend 0/31			7/7 death accurred a 3 s					(I) (we) last ited abave.	
220 SIGNATURI	lated can	1/20	سما	~	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1	22b. DATE SIGNED 0/31/60	
22c. PHYSICIAM NAME (Typ	Hildegar		Reissm	nann, M.		sville	State Ho	spita	1, Md.		
23a. BURIAL, CREMA REMOVAL (Spec	ify) 11- 4-		Мт		L CEMETER	Y UP		LBOR	Ro, M.	(Stote)	
Perfect of	OR'S SIGNATURE	18	20 -9	AST QUE	7	EC'D BY REGIS		ethur S.			

uneral director, ld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be related by the haspital ar attending physician. **D. FUNERAL RECTOR**: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Baard of Health priar to burial, crematian, ar remayal, and in any every within Repurs after death. may be refor TO HOSPITAL

VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10964 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10965

1	1. PLACE OF DEATH		rx.		2. USUAL RESIDENCE (W	here deceased	lived. If institution	on: Residence be	fore admissi	ion)			
	o. COUNTY	Anne Ai	rundel	MARYLAND	o. STATE Mary	Land	b. COUNTY	Anne A	runde.	1			
	b. CITY OR TOWN (If RURAL ond give ne		ts, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL and give n	earest town)			
1		AL (If not in hospital, g	give street oddress)	125 15	d. STREET ADDRESS		00,100	- 11/11/6	e. IS RESI	DENCE FARM?			
	Anne A unde	1 General H	Hospital		165 Main	n St.				NO K			
2	3. NAME OF	Fir		Middle	Last	4. DATE	Mon	th [Day Y	Year			
	(Type or print)	William		4.	HOPKINS	OF DEATH	Octobe	r	31 1	19 60			
ı	5. SEX	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA					
	Male	White	WIDOWED XX	DIVORCED	May 5, 1888	3	lost birthdoy) 72 yrs.	Months Days	Hours	Min.			
	Tog. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign co	untry)	12. CITIZEN	OF WHAT C	OUNTRY			
	19 1 1 1 bed	Ing. Ifte, eyen if retired	a Ono	Cers-Etn	Mary	yland		U.	5.				
	13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	./	1	14. MOTHER'S MAIDEN	NAME	•						
	Henr	4 Hop	hens		Sasas	le m	MIN						
1	15. WAS DECEASED EVER			SECURITY NO. 17.	NFORMANT	11	· Add	ess 6	200	0.00			
	(res. no, or unknown)	Iffyes, give war or dates of s	ervice)	1	esde no	Hope	ins the	omas J.	100	nd.			
Ī	18. CAUSE OF DEA	TH [Enter only one co	iuse per line for (g)	, (b), and (c).]	O.			IN	TERVAL BET	TWEEN			
1	PART I. DEA	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 2 DA-											
	73	DUE TO			0								
	Conditions, if ar	ny, which	,	V									
		gove rise to immediate DIE TO											
	lying couse lost.	lying couse lost. Column Column											
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?											
	3 De	Cléabetre mellitue											
4	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	3 20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. INJURY O		ACE OF INJURY (Hame, far		or lown)	(Count	y)	(Stote			
	20c. TIME OF INJURY Hour a. m. p. m.	Hour a.m. While Nat while factory, street, office bldg., etc.)											
-		A /13 Addison to the color			Sept. 14, 19	60	Oct 31	10.60	th 4 / 1 \ C	V38 I			
0				1-	death accurred at				. , ,				
	220. SIGNATURE	ed alive an_Oct	-313	99, and mar	Sedin accorred at	20 P.M.	ine causes an	a an ine aa		b. DATE			
	11.01	Vielen & Viele M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11/1/60											
-	22c. PHYSICIAN'S	and the second			22d. ADDRESS				11/1/	UCZ			
	NAME (Type)	Richard N.	Peeler		121 Cathe	dral St	. Annap	olis, M	d.				
1	23a BURIAL, CREMATIO	N, 23b. DATE THEREC	OF 23c. N	AME OF CEMETERY	OR CREMATORY	23d_LOCAT	ION (City, town,	or county)	(State	e)			
	MOVAL (Specify)	Mary 33	1966 6	riole C	meley	One	ole '	ma.					
	24 FUNERAL DIRECTOR	S SIGNATURE		DRESS	900 A 250. REC	D BY REGIST		STRAR'S SIGNAT					
	yrem 411.	, vayarsi	no Us	mapolo	ONOC DATE	YOV 3	60	Allun S. K	ialla				

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FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10965 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEVELII DE			PLACE OF DEATH						CE (Whare dacaes			nce before admission)
essary, r. Page files. Health,	N A	1	COUNTY D. KI	1. (10.		MARYLA		TATE		b. COUN	TY Ance	
	IVI	1		outside corporata limits	5,	c. LENGTH OF STAY		ITY OR TOWN (f outside corporete	limits, writa	RURAL and give	nearest town)
odr 1				give nearest town)			X	dge w N	Lon			
dire dire	11	-	Annapo	LIS ALOR INSTITUTION (IF	not in ho	spitel, give straet eddrass		TREET ADDRESS	100,			a. IS RESIDENCE
500	4	1	. 1	4		/						ON A FARM?
ate The		-	NAME OF		900	verez L.		R1,3-				YES NO
an seta			DECEASED	Ida		Middle	Hu		4. DATE OF	Month	Day	
to the			(Typa or print)	104	1	A		INT	DEATH	10	12	
13.1 13.1 13.1 13.1 13.1 13.1 13.1 13.1		5.	SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	8. DATE C	OF BIRTH		GE (In years t birthday)	Months Deys	Hours Min.
and ma			-	ω .	WIDOWI	DIVORCED	16-1	14-18	14/8	G yrs.	Months Deys	Hours Min.
2,2 md 2		10e	USUAL OCCUPATION	ON (Giva kind of work	10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BI	RTHPLACE (Stata	or foreign country		12. CITIZEN	OF WHAT COUNTRY?
as 1, 2 ag		001	Housewi	king life, even if retirad fe	"		M	d.			U.S	S.A.
ho ho			FATHER'S NAME				14. MC	THER'S MAIDEN	NAME			
PW PW			HONL	011	11	1001	T	SAR	PLIA	2	ALLE	. 11
EO EZ	1	15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORM	ANT	C - L C	Address	7 6 6	: / 4
\$ 5. 5 S	I			yas give war or dates of se	nvice)				+ son I	dans	المالا محماء	
De sie	* /			310	-	lina for (a), (b), end (c).)	W.META	in nunt	t-son E	agewa		
Si. in the second				WAS CAUSED BY:	-							NSET AND DEATH
sexection along transit and in		1		MMEDIATE CAUSE (a)_	C	udiai de	nace					unden
ben ce ce la			434	DUE TO								
out Office out	-		Conditions, if any,									
S a S a			gave risa to immadie (e), stating the un	> DITE TO								
ndine d as	10		causa last.	(c)_								
"pe "xan xan use use		Z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE CON	DITION GIV	EN IN PART 1(a)	
ord Fe	1	ATI										PERFORMED?
: This we we ledical could , cref	V	CERTIFICATION	20a. EXTERNAL CA		b. DESCR	IBE HOW INJURY OCCU	IRED. (Entar netu	re of injury in Par	t I or Pert II of item	18.)		
TER: of the of Me of Sho irial,			PRIMARY OF CONCAUSE OF DEATH.	ITRIBUTING [0							
High sp		MEDICAL	20c. TIME OF INJUR	RY Month, Day, Yaa	r 20d. While			JURY (Home, farm , office bldg., etc.		own)	(County)	(State)
Pa Pa		WED	Hour e.m.	19	et wo							
Cale to the DR:			21. I certify the	at I took charge o	f the ren	nains described abo	ve, held an A	utopsy ,	Inspection 🔀	, Inquir	y , and	in my opinion
A THE THE			death resulted fr	rom: Natural car	uses 🚰	, Accident ,	Suicide	Homicide	, Undete	rmined m	anner	
SEC SE	0			00				CHIEF MEDICAL	EXAMINER T			
MEDIC e the ce orward orward ted age	7		ACTUAL	2 p g	,/			ASSISTANT MED	ICAL EXAMINER T	7		DATE SIGNED
	_00		SIGNATURE	o funhace	(a) Prince		M.D.	DEPUTY MEDICA		60.14		
SEG			EXAMINER'S NAME (Typa)		hAR			Address (Street,	city, town, or coun			12-60
DEP Base shoul FUN its d		22e	BURIAL, CREMATION			22c. NAME OF CEMET			22d. LOCATION			(Stata)
0 240 9	6		MANAAAA	10-14-6	0	Cedar Hi	II Cem		Suitlan	-		
VS. A15ME	10		FUNERAL DIRECTOR			ADDRESS			'D BY REGISTRAR			
5M 7/59	150	J	.Wm.Lee's	s Sons Co	30	0-4th St.1	V.E.	DATE 0	CT 1 7 '60	a	rehur S. Kr	aus
	40											

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF 2. USUAL RESIDENCE (Where daceased livad, If institution; Residence before edmission) al director. Page for your files. e. COUNTY of Health, is necessary, b. COUNTY Anne Arunde MARYLAND laryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h write RURAL end give neerest town) Millersville Millersville

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Asphalt Co. State Indian Landing Rd. YES NO Middle 4. DATE DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any base example the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fashould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retail FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5th of the contract of the pages 1 and 2 with the 5th of the contract of the permit of t Month Year DECEASED (Type or print) DEATH 19 60 October 3rd. Harry Wayne Ingram 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED T USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retirad) Bulldozer Operator Ferrum, Va. IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clemence Carter Ingram 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Marvin Ingram. Millersville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Sudden Crushed chest DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Part I or Pert II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING driving a front end loader, when it turned on the side. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stata) factory, streat, office bldg., atc.) Hour a.m. While Not Whila et work at work p.m. 70/2/60 19 Reliable Asphalt Co. Millersville. A. A. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection TV. Inquiry X and in my opinion death resulted from: Natural causes Accident v Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 10/3/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Gustave H Faubert, M.D Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) PREMOVAL (Specify) (em 940 0 FUNERAL DIRECTO ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Circhan S. Kraus 5M 7/59 DATE

RYLAND STATE DEPARTMENT OF HEALTH

MACKETAL AT A TREPOTEDAY TERROL MOTE ANOM HOS SECTION IN CONCRETA LICENS DESCRIBES TO A SECTION The state of the s and that is because I can't have been both a particle and Line to de March to the first of the second second BALL TO BE STANFARD OF THE STANFARD OF

10968

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10969

	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis									
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?									
2	Anne Arundel General Hospital	127 O'Berry Court YES NO X									
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeor									
	(Type or print) Bertha	JACOBS DEATH October 25 1960									
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.									
	Female Negro WIDOWED DIVORCED	2-22-1888 Hours Min.									
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)										
_	HAMPENUTE NAME 2	Maryland U.S.									
7	Milliam Brown	Sarah Brown									
	75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address									
	(if yes, give wor or odies of service)	mark (acobs 1270 berg Court									
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ong/(c).]	INTERVAL BETWEEN ONSET AND DEATH									
	PART I. DEATH WAS CAUSED BY: White Charles	cuple tin + delighter & day									
	5 8 5 DUE TO										
	Conditions, if ony, which) (b)										
	gove rise to immediate DUE TO										
	lying couse lost. (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT See artinionale	wir + sent tety YES NO I									
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)									
		ctory, street, office bldg., etc.)									
	21. I certify that (I) (thicknessized) attended the deceased fram	Oct. 23, 19.60, to Oct. 24, 1960, that (I) (90) last									
1		death accurred atM, from the causes and an the date stated above.									
7	220. SIGNATURE	12:40 A.M. 22b. DATE									
		M.D. PHYS. BIRECTOR STAFF PHYS. 10-25 SIGNED									
	22c. PHYSICIAN'S NAME (Type) = 2 n/s NA Shib/ell	22d. ADDRESS 121 Cathedral St., Annapolis, Md.									
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, toyn, or county) 1/ (Stote)									
18	Bungal 10-29-1960 Lowle	is Besgate 11a									
	24) FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DATE OCT 2 8 '60 CALLER S. KLAUS.									
		TO TONIE OUT									

10966 Mark Legal Series of the latter the details and the Paris Mt. alforante, the fame outle men and the composite, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with may be retarded by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 c page 3 shows be detached for use as the burial-transit permit. Then please remove carban paper the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11009

CERTIFICATE OF DEATH

10970

1. PLACE OF DEATH a. COUNTY AND AND ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in Nospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A-FARM? YES NO
3. NAME OF DECEASED (Type or print) (Prince) Lewis Lewis De	Jost 4. DATE Month Day Year DEATH 10 18 60 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	STRY 11. BIRTHPLACE (Stole of foreign country) 12. CHIZEN, OF WHAT COUNTRY 12. CHIZEN, OF WHAT COUNTRY
13. FATHER'S NAME, LECTION SPRICE	14. MOTHER'S MAIDEN NAME KRANCIS STOLLA OLI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dates of service]	regular Leverna park
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse last. (c)	a of Storrock
CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased from 9.5 alive on 9.5 and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	n occurred at SCI ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY. O. SEWY 10-23-1960 SEWY)	R CREMATORY 22d. LOCATION (City, town, or county) Self Robinson MC
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D' BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2 0 '60

Division of STATISTICAL RESEARCH AND RECORDS. **BALTIMORE 1. MARYLAND** MEDICAL EXAMINE CERTIFICATE OF Items 1,2 Film 0272 10-11-60 et lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY director. Page a. STATE is necessary. files. Anne Arundel Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and giva nearast town) ö Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 0 a. IS RESIDENCE d. STREET ADDRESS Crownsville State Hospital YES NO TO NAMEOF Middle DECEASED OF and 3 to the (Type or print) DEATH ELT JAH **JOHNSON** October 1950 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 2 with lage 5 may 1 and 2 wil 72 hours a lest birthday) Months Hours Mar. 1.1882 WIDOWED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page h form PM3. Page done during most of working life, even if retirad) North Carolina U.S.A. Waiter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johnson TO 1 Tillie ent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Edna Johnson 723 Dolphin St. Examiner's Office along with a used as a burial-transit permistion, or removal, and in any This certificate should be executed in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), end (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Undetermined Skeletal Remains. IMMEDIATE CAUSE (a) DUE TO if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 2 ease exert e the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm,) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) 0 While Not While Hour e.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER October 3, 1960 EXAMINER'S NAME (Typa) DEPL Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) S REMOVAL (Specify) Arbutus Balto.Co.. Md. OH 40 ö Burial 10-4-60 Arbutus Mem Park 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME OCT 4 arthur S. Kraus 5M 7/59 DATE

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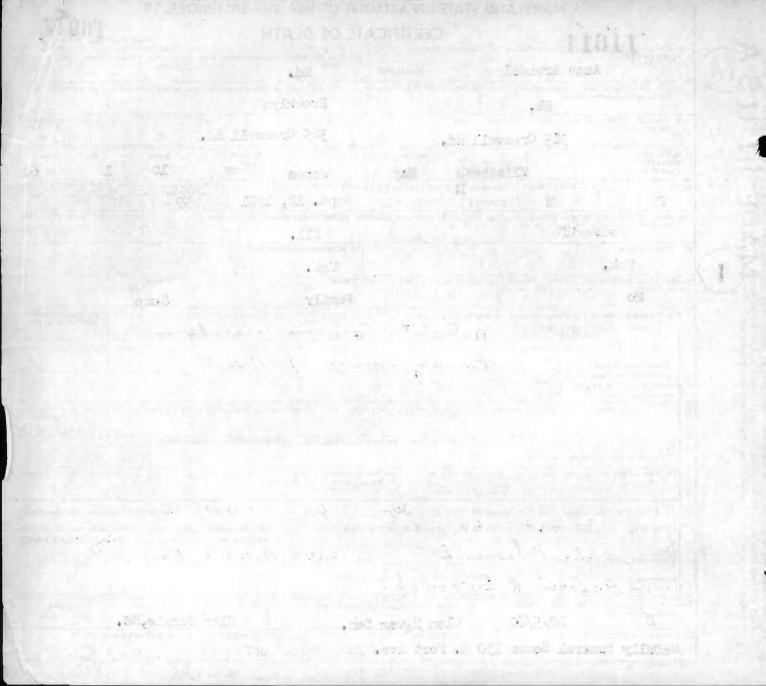
VS A15 (4) 1SM 9/5B

\$	MARYLA	ND STATE DEPARTMENT
A	11011	CERTIFICATE

OF DEATH

OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 1972

1. PLACE OF DEATH o. COUNTY	Anne Arund	lel	MAR	YLAND	2. USUAL RESIDENCE (o. STATE	Where deceased	d lived. If institut b. COUNTY		nce befo	re odmissi	on)
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limited town) Bk	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (orote limits, write	RURAL ond	give nec	rest town	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS	eswell :	Rd.				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mo		Do		ear 9 60
5. SEX	6. COLOR OR RACE		D NEVER MARRI	ED 🗌	Jones B. DATE OF BIRTH Sept. 12,		9. AGE (In years lost birthdoy) 59 yrs	IF UNDER	R 1 YEAR Doys	IF UNDE	
during most of work	DN (Give kind of work king life, even if retired Sewlie	done 10b. KI	ND OF BUSINESS C	OR INDUS	TTT		ountry)	12.CIT	IZEN OF	WHATCO	DUNTRY
3. FATHER'S NAME Unk					14. MOTHER'S MAIDER	N NAME					
(Yes, no, or unknown)	R IN U. S. ARMED FOR	RCES? 16. SC	OCIAL SECURITY NO). II	NFORMANT		Add	ress			
No					Family		S	em e			
ZOO. ACCIDENT WA	the <u>under-</u> DUE TO (c)	DITIONS CO			NOT RELATED TO THE TER	RMINAL DISEASI			RT 1(o) 1	9. WAS A PERFOR	SWED5
-	MEDICAL EXAMINER) Y Month, Doy, Yes	ar 20d. INJ While at work [URY OCCURRED Not while of work		ACE OF INJURY (Home, fo tory, street, office bldg.,		or town)	(County)		(Stote
21. I certify th	at I attended the				, 19.60, ta_ accurred at	M, fram	the causes ar	nd an the	e date	stated	abave
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify))F	S N C CL 3		R CREMATORY	22d. LOCA1	ION (City, town,	or county)		(Stote)
PHYSICIAN'S NAME (Type)	10/5/6)F			R CREMATORY	22d. LOCA1	IION (City, town, Len Burni	or county)		(Stote)



VS. A15ME(5) 5M 9/55/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11()12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg. Dist. No.
a. COUNTY Me austel MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
by CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Authority Author	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Route 1 - But 12 9.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\begin{array}{c} NO \(\beta \end{array} \end{array}
3. NAME OF DECEASED (Type or print) CHARLES-DEWEY-K	FMPER 4. DATE Month Day Year 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left birthday) Months Pays Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working file, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY COVINGTON - Va. 2. S.A.
13. FATHER'S NAME Lewey W. Kemper.	14. MOTHER'S MAIDEN NAME Tusker.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service)	informant Address Address (Larents)
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bidg., etc.)
21. 1 certify that I took charge of the remains described a death resulted fram: Natural couses , Accident , S ACTUAL SIGNATURE SUSTANDE H. F. C.	bave, held an Autapsy , Inspection , Inquiry , and find tha suicide , Hamicide , Undetermined cause .
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) 10 11 60 Buyers 13. FUNERAL DIRECTOR'S SIGNATUSE ADDRESS ADDRESS 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	- /

I I I I I Z MEDICAL EXAMINER'S CERTIFICATE OF DEATH A STATE OF THE STA THE STREET, ST The second secon MODE :: 1800.11

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Item 9 Film 6273 10-18-608 t 10967

		. COUNTY	Amne Aru	ndel	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: R b. COUNTY	Anne Arundel
	Ь	CITY OR TOWN (IF RURAL and give ne	arest town)	mits, write c. LENG	GTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corporate limits, write RURAL	L and give nearest tawn)
		d. NAME OF HOSPIT. OR INSTITUTION ONE Arunde	AL (If not in hospital,	,		d. street address 40 Southge	ate Ave.,	e. IS RESIDENCE ON A FARM? YES NO
>	(NAME OF DECEASED Type or print)	Wil	irst Liam	Middle	KING	4. DATE Month OF OCTOBER	9 19 60
	S. S	Male	White	7. MARRIED 1	DIVORCED	B. Date of Birth March 25, 18	9. AGE (In years list last birthday) 7876 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
	13.	FATHER'S NAME	ing life even if refire	ORCES? 16. SOCIAL	ser)	Marylar 14. MOTHER'S MAIDEN N JUNE OF THE STREET OF THE	nd	U.S.
	CATION	Conditions, if and gave rise to in cause (a), stating lying cause last.	the <u>under-</u>	(a) Bri	t Mr	facet	INAL DISEASE CONDITION GIVEN I	PERFORMED?
	CERTIFI		CAUSE OF DEATH)		D. (Enter nature af injury in		YES NO (County) (State)
	MEDICAL	Haur a.m. p.m.	19	While No	t while fac	ctory, street, affice bldg., etc)	
			ed alive an O	left		M.D. PHYS. 22d. ADDRESS	ED. STAFF RECTOR PHYS.	n the date stated abave. 22b. DATE SIGNED 10/10/60
	B	BURIAL, CREMATION REMOVAL (Specify)	10-12	-60 B	AME OF CEMETERY OF	R CREMATORY LEMORIAL		

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TO FUNERAL

VR A15 (4) 1SM 9/S9

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1. PLACE OF DEATH o. COUNTY Anne Aru	ndel		MARYLAND	2. USUAL RESIDEN o. STATE Marylan		sed lived. If institut b. COUNTY Balt			ission)
b. CITY OR TOWN RURAL and give n		its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOW		porate limits, write l	RURAL and gi	ve nearest ta	wn)
OR INSTITUTION	ITAL (If not in hospital, g			d. STREET ADDI	endale S	treet		ON	A FARM?
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mo		Day	Year
(Type or print)	Johr		Р.	Kinsler	DEAT	н 1	0	31	1960
s. sex	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	June 16.	1889	9. AGE (In years last birthday) yrs.	Months I	YEAR IF UN Days Hour	
Janitor	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	Winn	sboro	S.C.		S.A.	COUNTRY
3. FATHER'S NAME	***			14. MOTHER'S MA					
	Kinsler		I #	Hatti	e ?				
(Yes, no, ar unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		nformant Hospital R	ecords	Add	lress		
Canditians, if a gave rise to cause (a), stating lying cause last.	immediate the <u>under-</u> DUE TO	Arte	Bronchopneumon eriosclerotic ile Brain Dise	Hypertensi					
20a. ACCIDENT W	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH		CRIBE HOW INJURY OCCURRE					PERI	FORMED?
	RY Manth, Day, Ye	While	6-	ACE OF INJURY (Ham ictory, street, affice blo	ne, farm, 20f. (C	ity or town)	(Cc	ounty)	(State
21. I certify the	at (I) (this haspita	l) attend	led the deceased fram. 19_60, and that o	9/10 death accurred a	19 60 Ma		, 19_ 6		
220 ŞIGNATURE 228. PHYSICIAN'S NAME (Tybe)	ref Heard	lein	~	M.D. ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.		1	22b. DATE .0/31/
NAME (Tybe)	degard H. I	Reiss	mann. M. D.	Crowns	ville St	ate Hospi	al. Ma	ryland	
23a. BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THERE		23c. NAME OF COMETERS O			ATTONION TOWN,			oy!
A FUNERAL DIRECTOR	SIGNATURE	322	ADDRESS /	(Z)	o. REC'D BY REG	100	ISTRAR'S SIG	4 .	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by he haspital or attending physician.

UNERAC* RECTOR: After this certificate has been signed by the attending physician and campletely filled (**) the funeral director, ge 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 arra's should be filled with \$\frac{2}{2}\$ should be filled with \$\frac{2}{2}\$ should be filled with \$\frac{2}{2}\$ should be filled with \$\frac{2}{2}\$.

10 H	TO F	Pa t
VR 15	A15 (4)

13	1014	ON OF 317	CERTIFIC	CATE	OF DEATH	MORE I, M.	ARTLAND		1034	0
PLACE OF DEATH a. COUNTY Ann	e Arunde)		MARYLAN	0	SUAL RESIDENCE (WI STATE Maryland	here deceased l	b. COUNTY -	n: Residence be		ion)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limi rest tawn)	ts, write c.	35 yrs.	1Ь С	CITY OR TOWN (If		te limits, write RU	IRAL ond give r	nearest town)
d. NAME OF HOSPITAL OP INSTITUTION Elmhurst		ive street add		7	Severn, h d. street ADDRESS Elmhurst	RFO				IDENCE FARM?
NAME OF DECEASED (Type or print)	Fir EDW1		Middle (Koel	ble lost	4. DATE OF DEATH	Mantl			Year 19 60
. sex Male	White	7. MARRIED	NEVER MARRIED		TE OF BIRTH		AGE (In years last birthday) 58 yrs.	Months Doy		R 24 HR Min.
Oa. USUAL OCCUPATION during most of workin Electrici	g life, even if retired	done 10b. KIN	ND OF BUSINESS OR I	NDUSTRY		or foreign cou	intry)	U.S.		OUNTRY
3. FATHER'S NAME	W-1-3-	Mes		14.	MOTHER'S MAIDEN					
Edwin	Koble	CES2 14 50	CIAL SECURITY NO.	7. INFOR	Anna Mac	ananee	Addre	AFF.		
(es, no, or unknown) (If	yes, give war or dates of s 20–1935				Anna M. J	Kachle		As #2		
gove rise to import cause (o), stoting the lying couse lost. PART II. OTHE	e under- DUE TO)	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1(a)	19. WAS	AUTOPS
PART II. OTHER	UNDERLYING CAUSE OF DEATH COLORED CALE	20b. DESCRI	BE HOW INJURY OCC	JRRED. (En	iter noture of injury in	Port I or Port	II of item 18.)		YES 🗆	NO E
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Ye	While at wark	Not while	e. PLACE C foctory,	OF INJURY (Hame, form street, office bldg., etc	n, 20f. (City o	or town)	(Count	γ)	(Stat
saw the decease		of 26	the deceosed from		occurred at/0	60, to	he causes and		te stated	abov
22a. SIGNATURE	lang y	DO	vlila	/ M.D.	ATTENDING MPHYS. D	IED.	STAFF PHYS.		10/	SIGNE
22c. PHYSICIAN'S NAME (Type)	HILARY T	O'HERLI	HY MD		5, Car	tral	ave.	ga.	, Fu.	my
3a. BURIAL, CREMATION REMOVAL (Specify) Burial	. 23b. DATE THEREC		Most Holy	_			ON (City, town, o	r dounty) Marylar	(Stat	e) V
4. FUNERAL DIRECTOR'S			ADDRESS		250. REC	D BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1	IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral directar,	l be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	d of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.
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ires that the death of		ned by the attending	ermit. Then please	naval, and in any ev
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	The may be retired by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending	page 3 shauld be detached far use as the burial-transit permit. Then please	the State Board of Health prior to burial, cremation, ar remayal, and in any ex
VR 15	A	9/5	(4)	

1	1. PLACE OF DEATH o. COUNTY	Anne Arun	del	MARYLA	AND		SIDENCE (Whe		lived. If institution b. COUNTY			e admissi unde	
	b. CITY OR TOWN (I RURAL ond give no		ts, write c. L	ENGTH OF STAY IN	√ 1b	111	nnapol:	S	ote limits, write R	URAL ond	give nec	rest town	
G	d. NAME OF HOSPIT	AL (If not in hospital, g	give street oddre	ess)	14.	d. STREET						e. IS RESI	DENCE
5	Anne Arunde	1 General	Hospita	1	11	1 13	12 Wes	t St.,	2000				FARM?
-	3. NAME OF DECEASED (Type or print)	Andre		Middle		KRAUS	E, Sr.	4. DATE OF DEATH	Octobe Octobe		Do 3	-	eor 9 60
4	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIR	RTH		9. AGE (In years lost birthdoy)	IF UNDER		Y	
	Male	White	WIDOWED [DIVORCED		March 1	1.1877		83 yrs.	Months	Days	Hours	Min.
1		DN (Give kind of work king life, even if retired Prop.	done 10b. KIND	11 41 4	INDUS		Maryla:	nd	untry)	12.CIT	U.	S.	OUNTRY?
-	W4 1	liam Knaus					Louis	a Tran	tv				
	15. WAS DECEASED EVE			IAL SECURITY NO.	17. IN	IFORMANT	20 020		Add	ress			
		(If yes, give wor or dates of s	219	32 2067	Co	ra M. K	ralisa-	Wife-	same as	# 2			
	18. CAUSE OF DEA	TH [Enter only one co			100	7 64 42	1 8 000	11210	00,120 0.	" "		RVAL BE	
1		TH WAS CAUSED BY:	0	-0	1/	/		10		2-1	ONS	ET AND	DEATH
	2 2	IMMEDIATE CAUSE (o		() Chay	V	1					1		no
	Conditions, if o	ny Which)	1	Taria	1	- 80-)						
	gove rise to i	mmediote (Verus.	The state of the s								
	lying couse lost.	the under-											
	PART II. OTH	HER SIGNIFICANT CON	<u> </u>	RIBUTING TO DEAT	H BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PAR	RT 1(o) 1	PERFO	NO [
		AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURRE	D. (Enter noture	of injury in P	ort I or Port	II of item 18.)				dia.
	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. INJUR While ot work	Not while		ACE OF INJURY story, street, off			or town)	(County)	100	(Stote)
	21. I certify the	at (I) (thicknessing	t) attended	the deceased f	ram	Oct. 28	3, 12	60, ta (Oct. 30,	19	60 th	at (I) (Var last
ď,	saw the decea	sed alive an Oct	. 30,	19.60 , and t	hat d	leath accurr	ed at	M, fram	the causes ar	nd on th	e date	stated	abave.
	220. SIGNATURE	dans 1	2ans	1. 1		M.D. PHYS.	9:40 NG ME		STAFF PHYS.	10/1	10		DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)			101		22d. ADD	PRESS						
	TAME (Type)	Edwin Day	ris, Jr.			100	Cathedr	al St	., Annap	olis,	Md.		
	230. BURIAL, CREMATIC		OF 23	c. NAME OF CEMET	ERY O	R CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stot	e)
>	REMOVAL (Specify)	November	2.1960	Hillcre	st	Ceme ter	·V	Anns	apolis.	Md			
-	24. PUNERAL DIRECTOR		L	ADDRESS				BY REGIST	RAR 2Sb. REGI	STRAR'S SI			
	Hopping	funeral Hof	e Ann	apolis, N	H.		DATE NO	N 3 '	60 0	lithur a	8. The	u.a.	9

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	the own in	Orra V. Pronau- 152	7300 00 010	on	or
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		facility and the			
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MI	10303 CERTIFICATE OF BEATT
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
IVI	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1.3 (Colored My) OR INSTITUTION ON A FARM! YES NO.
	3. NAME OF DECEASED (Type or print) First Middle Lost OF DEATH OF DEATH OF DEATH OF DEATH 196
	5. SEX 6. COKOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mir
7	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTING Using most of working life, even if retired) 12. CITIZEN OF WHAT COUNTING USE 12. CITIZEN USE 12. C
1	13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME May Garbler
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 100, or/unknown) (If yes, give wor or dates of service)
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Nat while at wark at at wark at w
	21. Gertify that (I) (this hospital) attended the deceased from 1960, to 1960, to 1960, that (I) (we) lose whe deceased alive on 1960, and that death accurred at 1960, from the causes and on the date stated on the date of the causes and on the date stated on the date.
1	226. SIGNATURE M.D. ATTENDING MED. PHYS. 226. PHYSICIAN'S 226. PHYSICIAN'S 226. ADDRESS
3	JAME (Type) DAMIES RI MARTIN ANNAPOLIS, MD.
39	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Stote)
13	24. FUNERAL DIRECTOR'S SIGNATURE Soms ADDRESS DATE OCT 1 0 '60 Cultur S. Kraus

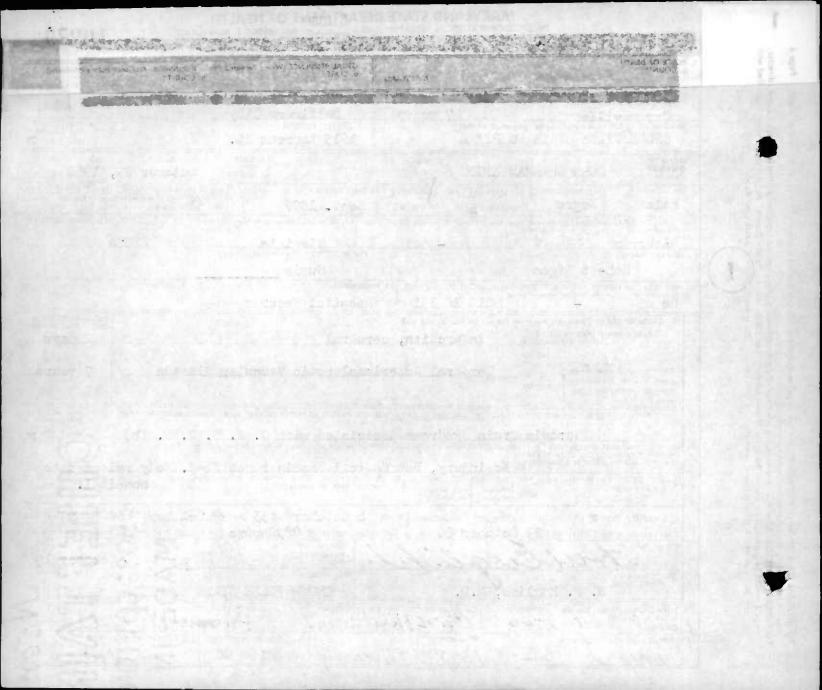
OR ATTENDING PHYSICIAN: The law requires that the death deby the haspital or attending physician.
RECTOR: After this certificate has been signed by the attending

VR A15

AND BUILDING and the state of t The second of the second JAMES R. WIRTH The stand of the standard of t

VR A15 (4) 15M 9/59

1. 1	PLACE OF DEATH 1. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (M	here deceased I		n: Residence b	efare admissi	on)
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	e CITY OR TOWN (IF	autside carporal	a limits, write RU	RAL and give	nearest town	1
	Crownsville	7 years	Baltimor	e City	VE	077	7	
	d. NAME OF HOSPITAL (If not in hospital, give street CHOWNSVILLE STATE HOSP		d. STREET ADDRESS 1615 Laure	ns St.			ě. IS RESI ON A YES	FARM?
. 1	NAME OF DECEASED (Type or print) JOHN SHERMAN L	IGON Middle	Last	4. DATE OF DEATH	Octob	er 29,		ear 9
5. 5	6. COLOR OR RACE 7. MAR WIDOW	and the same of th	8. DATE OF BIRTH Sept. 1899	9.	AGE (In years last birthday) 61 yrs.	Manths Day	ys Haurs	Min.
0a	. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slot	e ar fareign cau	ntry)	12.CITIZEN	OF WHAT C	CHICAGO
2	FATHER'S NAME	-	Virgin	ia NAME		USA		
J.	Robert Ligon		Susie	TOME				
S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. II	NFORMANT		Addre	ess		
{Yes	s. no, or unknown) If yes, give war or dates of service)	212 10 1510	Hospital Rec	ords				
	18. CAUSE OF DEATH Enter only one cause per	ine for (a), (b), and (c).1				11	NTERVAL BET	IWEEN.
	18. CAUSE OF DEATH [Enter anly ane cause per legal part of the par	ine for (o), (b), and (c).] Infarction, ce		ascular	Disease	C	2 da	DEATH
L CERTIFI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS Chponic Bra: 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. While Hour a.m.	Infarction, contributing to DEATH BUT IN: Syndrome associate How Injury Occurred Injury Dut Me Injury Occurred Not white	NOT RELATED TO THE TERM	MINAL DISEASE C C A S Part I or Part I er notif m, 20f. (City o	CONDITION GIVE	EN IN PART 1(c	7 year	AUTOPS!
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS Chonic Bra: 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year and While Cause Contributions 20c. TIME OF INJURY Month, Day, Year and While Cause Contributions While Cause (a) DUE TO Contributions Chonic Bra: 20c. TIME OF INJURY Month, Day, Year and While Cause Contributions 20c. TIME OF INJURY Month, Day, Year and While Cause Contributions 20c. TIME OF INJURY Month, Day, Year and While Cause Ca	Infarction, co	NOT RELATED TO THETERA Sociated with ED. (Enter noture of injury in ACE OF INJURY (Home, for ACE OF INJURY, office bidg., e 6: October 1 death accurred 083 M.D. ATTENDING HYS.	Part I or Part I er noti m, 20f. (City of tc.) 9.53, .ta 29 Olycomos the	CONDITION GIVE S. V. D. I of item 18.) Fied Borrown)	(b) dy rele hospit 19.60, d an the do	7 yes	AUTOPS RMED? NO (State



10360	tom 7 Film027	3 10-19-60					
1. PLACE OF DEATH	1011 * TTIIOE	2. USUAL RESIDENCE (W	here deceased		n: Residence be	fore admissi	ion)
Anne Arundel	MARYLAND	o. STATE Mary	land	b. COUNTY	nne Ar	undel	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporo				.)
Annapolis	9 days	RURA	L- Shad	lvside			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS					FARM?
Anne Arundel General Hospi	tal					YES [NO 🛃
3. NAME OF First DECEASED (Type or print) James	Middle	LINTON	4. DATE OF DEATH	Octobe		/	Year 19 60
S. SEX 6. COLOR OR RACE 7. MARK	EDWARD RIED NEVER MARRIED	B. DATE OF BIRTH	1		IF UNDER 1 YEA	The state of the s	
Male White WIDOW		March 23, 18		lost birthday) 80 yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			ntry)	12. CITIZEN	OF WHAT C	OUNTRY?
Painter + WATER MAN HA	RIGG PACHT YAR	Maryla Maryla	nd		U.S		
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				Maria Contract
JOHN LINTON		E/IZABE	ETH F	DEAR			
	SOCIAL SECURITY NO. 17. II	NFORMANT		Addre	255		
(Yes, no. or unknown) (If yes, give war or dates of service)	19-14-0437 M	10 Sames E. L	INTON	ShAL	45102	14	6.
18. CAUSE OF DEATH [Enter anly one couse per li	ne far (a), (b), ond (c).]					NTERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CE	erebral hemorrh	nage				6 hrs	
4 49 X DUE TO							
Canditions, if ony, which) (b) 21	rteriosclerotio	cardiova r cu	lar ren	al disea	Se 1	5 ure	22
gave rise to immediate DUE TO	- CCLIOSCICIO (I)	- caruro vageu.		al alsea		710	
lying cause last. (c)							200
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS	AUTOPSY RMED?
S Carcinoma of sigmoid wi	th obstruction						NO X
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in	Part I or Port	Il of item 18.)			-33
	00 0	155 55 010150 01	Tear year				10
A Hour o.m. While	f.	ACE OF INJURY (Home, farr ctory, street, office bldg., etc	n, 20f. (City o c.)	ir town)	(Count	у)	(State)
¥ p. m. 19 at wor		CANE TO THE					
21. I certify that (I) this charginal attend	ded the deceased fram	Oct. 2. 19	60 . ta_(Oct. 10.	19.60.	that (1) to	last
saw the deceased alive an Oct. 10				he causes and			
220. SIGNATURE		ATTENDING TO M	A.M.	STAFF		221	b. DATE SIGNED
100 100	much	M.D. PHYS.	RECTOR [STAFF PHYS.		10/17	1/60
22c. PHYSICIAN'S NAME (Type) Samuel Borssu	ck	Amos Garre	tt Blv	i. Anna	polis.	Md.	
REMOVAL (Specify)	23c. NAME OF CEMETERY C	Teas	Gal	ON (City, town, o	county)	The	e)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE	<
Bunged (. Freduit	H. O10	To A DATE OF	r 4 7 100	61 11	0 4		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be refired by the haspital ar attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funaral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I are 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 27 have after death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	PLACE OF DEATH	ne ari	ind	el MARY	rland 2	. USUAL RESIDENCE o. STATE Marylan	A CONTRACTOR OF THE PARTY	b. COUNTY		,		ian)
	RURAL and give ne	f autside carporate limi earest tawn) age G. Mead		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carpo	orate limits, write l	RURAL and	give nec	arest tawn)
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street		В	d. STREET ADDRES		Trailer	Park			IDENCE FARM? NO X
	NAME OF DECEASED (Type or print)	Fir	st —	Middle	,	LYONS	4. DATE OF DEATH	Nai	tober	Do		Year 19 60
5. :	Male Male	6. COLOR OR RACE Cau/Mon	7. MARR	ED NEVER MARRI	(-)	10 Octobe	er 1960	9. AGE (In years last birthday) yrs.	Manths Manths	Days	Hours	R 24 HRS.
10c	usual Occupation during most of work	DN (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Marylan		country)	12. CIT	US		OUNTRY?
13.	Richard	W. Lyons				14. MOTHER'S MAID Fumiyo	Katae					
15. (Ye		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO			e as 2d.	,	lress .			
NO	Canditions, if an gave rise to it cause (a), stating lying cause last.	mmediate (F	REMAT	VRI		ERMINAL DISEAS	se condition gi	VEN IN PA	ON	ERVAL BE SET AND	DEATH
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	Enter nature of injur	y in Part I ar Pa	rt II of item 18.)				RMED? NO 🔼
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. If While at war	NJURY OCCURRED Not while at wark		E OF INJURY (Hame, y, street, affice bldg.		y ar tawn)		(Caunty)		(State)
,	21. I certify that saw the decease 22a. SENATURE MEMORIAN 22c. PHYSICIANS NAME (Type)	e About	oct	1960, and	that dec	ATTENDING	MED. DIRECTOR		nd an th	e date	stated	abave. b. DATE
230	BURIAL, CREMATIO REMOVAL (Specify) Cremation	11 Oct		23c. NAME OF CEM USA HOS		CREMATORY	4	TION (City, town, G. Mead	2.5	1.	(Stat	e)
24.	FUNERAL DIRECTOR		150	ADDRESS SAH FT GE	O G M	EADE, MIDATE	REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S S	GNATU A. Th	RE	
	205	50325X	Va		Maga-	-					100	- 1

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o. COUNTY	Anne Arundel	MARYLAND	a. STATE Mary	land	b. COUNTY	St. Ma:	rys Calve
b. CITY OR TOWN (II RURAL ond give ne Annapo		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (arrane -	ate limits, write RU	RAL ond give ne	earest town)
OR INSTIBUTION	AL (If not in haspital, give street el General Hosp	address)	d. STREET ADDRESS Box-	- 4	04	4x-2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First 3	4134 Middle	MANSUETI	4. DATE OF DEATH	Octobe		10 19 60
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH October 10.				R IF UNDER 24 HR Haurs Min.
10a. USUAL OCCUPATIO during mast af wark	ON (Give kind of work done 10b ling life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sec.		untry)	12. CITIZEN O	F WHAT COUNTR
13. FATHER'S NAME Romeo John	Mansueti		Alice Jane		en		
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT Hospita	al recor	Addre	ss	
Conditions, if or gove rise to in cause (a), storing lying cause last. PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate (CONTRIBUTING TO DEATH BU		RMINAL DISEASE	CONDITION GIVE	N IN PART I(o)	19. WAS AUTOPS PERFORMED? YES NO [2]
	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Part	II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yeor 20d. 19 While of wa	Not while fe	LACE OF INJURY (Home, for actory, street, office bldg.,		ar town)	(County) (Stat
	t (I) (this hospited) attended alive an Oct. 10 Muly Philip Brisco	new and that	death accurred at //	AM, fram 30 A.M. MED. DIRECTOR		I an the dat	e stated abave 22b. DATE SIGNE
230. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF MICE.	OR CREMATORY y & Cometer 250 RE	23d. LOCAT	ION (City, town, are left)	county)	
2011/10/	2 77 14 X UC	(myou)	DATE	OCI 13'	60 C	Thun S. th	AMA

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be rety do by the haspital ar attending physician.

O FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages, Pages 1 cethe State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO FUNERAL TO HOSPITAL

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PLACE OF DEATH

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may be refered by the haspital or attending physician.

D. FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard af Health prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL TO FUNERAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	0	9	8	3	1

	1. PLACE OF DEATH			2	USUAL RESIDENCE (W	here deceased	lived If instituti	on. Residence h	pefore admission)	
-1	o. COUNTY	ne Arundel	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Anne Arundel						
		If autside carparate limits, v earest town)	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		ate limits, write R			
2	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give			d. STREET ADDRESS	Creek			e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	First Grace	Middle		lost Mevett	4. DATE OF DEATH	Mor	ober	Day Yeor 28, 19 60	
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE		ATE OF BIRTH	5	O. AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS	
-	10o. USUAL OCCUPATION during most of wor House will 13. FATHER'S NAME	ON (Give kind of wark done king life, even if retired)	DOWED DIVORCED 10b. KIND OF BUSINESS O own home	R INDUSTR	11/10/04 11. BIRTHPLACE (Stote Pasaden. 4. MOTHER'S MAIDEN	a, Md.			NOF WHAT COUNTRY	
1		ert Downs	7 16. SOCIAL SECURITY NO.	. 17. INFO	Lillie (Unknown		ress		
		(If yes, give wor or dotes of service			. Meyett Sr	. Hust		same as	# 2	
	Canditians, if a gave rise to i couse (a), stating lying cause lost.	mmediate (UREMIA INTERCHOIL		S/omeruli	Sch	EM0513	5	4 YEME	
Contract of the Contract of th	DIA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES \(\subseteq \text{NO BY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)} \)								
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in							(Cou	nty) (Stote	
	21. I certify the	at (I) (this haspital) a	ttended the deceased	fram that dea	th accurred at ZZ				that (I) (we) las ate stated abave 22b. DATE SIGNEI	
	No.		Beck 23c. NAME OF CEMI	ETERY OR C			Avenue ON (City, town,		polis, Md. (State)	
-	Burial 24 FURERAL DIRECTOR	Oct. 31, 190	ADDRESS		25a. REC	D BY REGISTR		STRAR'S SIGNA		

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	alfo seea		ar loguest.	
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October 25, 10 60	Mayout	L. L.	Orace	
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 11017 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY Anne Art			MARYLAND	2. USUAL RESIDEN o. STATE Maryle		b. COUNTY	cheste		ission)	
b. CITY OR TOWN RURAL and give		its, write c	LENGTH OF STAY IN 16	c. CITY OR TOV		rporate limits, write F	RURAL and giv	e n a arest tav	wn)	
d. NAME OF HOS	SPITAL (If not in hospital, g	give street ad	dress)	d. STREET ADDRESS e. IS RESID						
Crownsv	ille State He	ospita	1	Unknow	m	09	1/2		NO 🗌	
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATI			Day	Year	
(Type or print)	Mai		Mary	Mitch	nell DEA	тн]	.0	19	19 60	
S. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR IF UNI		
Female	Negro	WIDOWED		Sentential:	-12-1887	last birthday)	A.O.IIII3	0/3 110015	s will.	
during most of v	varking life, even if retired	done 10b. KI	ND OF BUSINESS OR INDI		E (State or foreign ryland	n country)	12. CITIZE	U.S.		
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME					
Thomas	Collins			Ja	me ?					
1S. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	9-07-1341	Hospital I	Records	Add	Iress			
Canditions, i gave rise to cause (a), stati lying cause la	ng the <u>under-</u>) C	ulmonary Emberongestive Herening Congestive Herening Congestive Herening To DEATH BU	art Failure	scular D		VEN IN PART I	(a) 19. WAS	S AUTOPSY	
ICATI	Carcinoma of Cervix Uteri PERFORMED? YES ▼ NO □									
OR CONTRIBUTI										
20c. TIME OF IN Hour a.	m	While		PLACE OF INJURY (Hor actory, street office bl		City or town)	(Co	unty)	(State)	
saw the dec	21. I certify that (I) (this haspital) attended the deceased fram. 9/26 10/60, ta 10/19 19/60, that (I) (we) last saw the deceased glive an 10/19 19/60, and that death accurred at P. M. from the causes and an the date stated above.									
22o. SIGNATURI	Bleun	XIn		-	MED. DIRECTOR	STAFF PHYS.		10/20	226. DATE SIGNED 0/60	
22c. PHYSICIAN NAME (Type	- V	dict,	M. D.	Crowns	ville St	ate Hospit	al, Ma	ryland	1	
BURIAL CREMA	Oct. 23.	1960		EMETERY	R	CATION (City, town,	Dorchest	en m	rate)	
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	32.	

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09/00/01		Cisc .	Herend	
	fafe william merco		1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ATH

1	0	1	8	CERTIFICATE	OF	DE	

Reg. Dist. No. 10385

1. PLACE OF DEATH o. COUNTY			MARYLAI	11 0	SUAL RESIDENCE (V. STATE	Where deceosed	d lived. If institu b. COUNT		before admi	ission)
b. CITY OR TOWN	(If outside corporote limited to the corporate lown) (Rure		LENGTH OF STAY IN	1b 0	Pasade		rote limits, write	RURAL ond giv	ve nearest to	∾n)
d. NAME OF HOSPI OR INSTITUTION	te. 2, Box	ive street oddr	ess)	J	Rte 2,	Box 1	195		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Louis		oseph	Mo	tosi 1860	4. DATE OF DEATH		t. 1,	Doy	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED		of BIRTH	1889	9. AGE (In years lost birthday) 70 yrs	Months E	YEAR IF UNI Days Hour	
100. USUAL OCCUPATION MOST of WO	ON (Give kind of work rking life, was if retired 110 PRET e	done 10b. KINI	o of Business Or I			ngton		12. CITIZ	USA	AT COUNTRY
13. FATHER'S NAME Frank J	xxeph Mona	100		14.	Mary	Fusco				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		11 SECURITY NO. 05-852	17. INFOR	rdon Mor	naco,		dress B 2		
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	as	Jerro 20		obir he		lisca	se.		
STA	THER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASI	E CONDITION G	IVEN IN PART	PERF	FORMED?
OR CONTRIBUTION	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	URRED. (En	ter noture of injury i	in Part I or Part	t II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While of work	Not while	e. PLACE C factory,	F INJURY IHome, fa street, office bldg., e	erm, 20f. (City	or town)	(Co	ounty)	(State)
21. I certify to alive on	H. W. Sch	, 19 Gc		77	11122	ADDRESS (SI			e dote sto	
220. BURIAL, CREMATI Burial Burial			Holy Red				TION (City, town		(St	lote)
23. FUNERAL DIRECTO	- F4	Kirk	ADDRESS		240. RF	C'D BY REGIST	RAR 24b. REC	SISTRAR'S SIGI		
Hopping	and Kirkl	ev. G	len Burn	ie. N	Id DATE	CT 4 '61				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

TO FUNER, IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 shood be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the permit is the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

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	A PARAMETER PROCESS AGAINST		HAR THE STATE OF
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The state of the state of		R ROTA	
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CERTIFICATE OF DEATH Rea. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY be filed b. COUNTY MARYLAND Maryland funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tow shavid Baltimera d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE **OR-INSTITUTION** ON A FARM? 5307 Walther Ave YES NO K NAME OF Middle 4. DATE Year DECEASED OF 60 DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours DIVORCED T WIDOWED TI Jan. 30, 1885 papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Housewife Nene puo Maryland U. S. corban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offer physician John S. W. Parks Jesephine Edgar remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Grace E. Lewman 5307 Walther Ave. affending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CINOMATOSIS 7 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** CARCINOMA mit. any Conditions, if any, which gned gave rise to immediate DUE TO casse (a), stating the underpuo lying couse lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remaval, PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) ö 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. m. While Not while 19 at work at work p. m. 21. I certify that I attended the deceased fram $P\!_{
m M}$, fram the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL be PHYSICIAN'S NAME (Type) FUNE 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 1960 Cedar Hill Cemetery Ritchie 0 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Children S. VS A15 (4) one 4001 Ritchie Hwy. Balte. 25 DATE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

11020 CERTIFICATE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	a. COUNTY Anne Aru	Anne Arundel MARYLAND					NCE (WH	ere deceased	l lived. If institut b. COUNT		arur	odmission)	
	b. CITY OR TOWN (IF RURAL and give need	outside corporate lim prest town)	its, write	c. LENGTH OF STAY II	N 16		WN (If o		rate limits, write	RURAL and g	ive neare	st town)	23.0
-	d. NAME OF HOSPITA		rive street s	17 days				118		DO		IC DECIDEN	ICE
1	OR INSTITUTION Knollwood					d. STREET ADD		Ave	S.W.	1	e.	IS RESIDEN	M?
3		Fi		Middle		Last		4. DATE		nth	Day	Year	
	(Type or print)	GRACE		T.		MORRIS		OF DEATH	Octo		5, Day	19	
- 5	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B 🗆 8	DATE OF BIRTH	200		9. AGE (In years last birthday)			UNDER 24	
	Female	White	WIDOWE	hadra.	_	6th Dec.		5	94 yrs				Min.
1	0a. USUAL OCCUPATIO during most of worki	N (Give kind af wark ng life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS"	RY 11. BIRTHPLAC	E (State	ar fareign co	ountry)	12. CITI	ZENOFV	VHAT COUN	VTRY?
1	Housework			wn_Home		Dorce		r Co.	, Md.	l	J.S.	Α.	
)		ilohman				Marth							
1	5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17, INI	ORMANT			Ad	dress			
1	(Yes, no, or unknown) (I	f yes, give wor or dates of s		none	M	s. Heler	п Ки	ethe	Sa	me As	#2		
F				e for (a), (b), and (c).1								VAL BETWE	EN
	PART I, DEAT	H WAS CAUSED BY:		Seril	< L	Pardic-	Vas	cula	2 Des	ean		gras	
	259	DUE TO)								LUCA.		
	Conditions, if an)				3.50				M.E.		
	gave rise to in cause (a), stating t											170	
	lying cause last.	(0)										
	PART II. OTH		-	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO T	HE TERMI	NAL DISEASI	E CONDITION G	VEN IN PART	1(a) 19.	WAS AUTO	OPSY
	3				_	the state of the s					,	PERFORME (ES NO	
1	PART II. OTH	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature of i	njury in F	Part I or Part	I II of item 18.)	84			
1	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. IN	JURY OCCURRED 2	20e. PLA	CE OF INJURY (Ho	me, farm	20f. (City	or town)	10	county)	((State)
1	20c. TIME OF INJURY Haur a. m. p. m.	19	While at wark	Not while	fact	ory, street, office b	ldg., etc.)			-		
	21. I certify that			ed the deceased f			, 19		Oct 4			(I) (we)	
0	saw the decease	ed alive an	Det 3	19 60, and t	that de	eath accurred	at GP.	M, fram	the causes a	nd an the	date s	tated ab	ave.
П	220. SIGNATURE							M K			RUID.	22b. DA	ATE
	far	nes S. 15	ull	ingslea	N	.D. PHYS.	ME DII	D. RECTOR	STAFF PHYS.		(Jet of	GNED 191
	22c. PHYSICIAN'S NAME (Type)	1	1			22d. ADDRESS	-					1	
	NAME (Type)	amu S.	sul	engsler m	. D	108	Cer	That (To Z	les B	eur	u.	md
2	3a. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THEREC)F	23c. NAME OF CEMET	TERY OR	CREMATORY		23d. LOCAT	TON (City, town,	ar county)		(State)	
	Burial	6th Bct.	1960	Cedar Hi	11 1	Cemetery	Labor	Broo	klyn RF	D, Ma	ryla	nd	
2	4. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2		BY REGIST		ISTRAR'S SIC			
1	1. 1. Sis	yello	Gle	n Burnie,	Mar	land	ATE	OCT 6	'60	arthur	S. The	MA	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10973

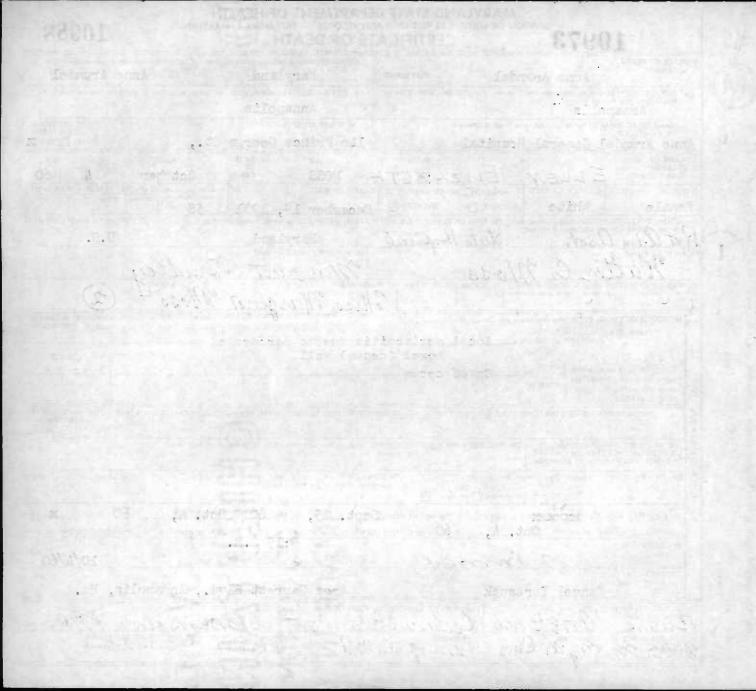
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-	tom 7 1/3 m62 (5	10-14-b0 et								
1	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Anne	before admission) Arund el							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	C CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)							
3	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO							
	NAME OF DECEASED (Type or print) ELLEN FLIZABETA	Lost 4. DATE Month OF DEATH October	Day Year 4 1960							
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Female White WIDOWED DIVORCED	B. DATE OF BIRTH December 19, 1901 9. AGE (In years lef UNDER 1 Y Months) Months Do	EAR IF UNDER 24 HRS. 1ys Hours Min.							
1	do. USUAL OCCUPATION (Give kind of work done of the do	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZET Maryland U	OF WHAT COUNTRY?							
1	WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME Margaret Bradley INFORMANT Address								
	(es, no, or unknown)	Miss Margaret Moss (2							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DE									
	MMEDIATE CAUSE (o) local peritonitis due to perforated bowel (cecum) wall Conditions, if ony, which (b) Ca of cecum									
6	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (b) Ca of cecum DUE TO (c)									
CEDTICION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO							
		ED. (Enter noture of injury in Port I or Port II of item 18.)								
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	enty) (Stote)							
	21. I certify that (1) (this descript) attended the deceased fram. saw the deceased alive an Oct. 4. 1960, and that	Sept. 25, 19 60 to Oct. 4, 1960 death accurred atM, from the causes and an the course								
-	220. SIGNATURE J. Bornuel	M.D. PHYS. DIRECTOR DIRECTOR PHYS.	22b. DATE \$IGNED 10/4/60							
	22c. PHYSICIAN'S NAME (Type) Samuel Borssuck	Amos Garrett Blvd., Annapolis,	Md.							
2	30. BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY	Bluff Comt amapoles	MR (Stote)							
2	John M. Jayles Sus Appress	25a. REC'D BY REGISTRAR 26. REGISTRAR'S SIGN	ATURE							

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 by the hospital or ottending physician.

RECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, and be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. moy be rep TO FUNERAL TO HOSPITAL

VR A1S (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) director. Page or your files. e. COUNTY e. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and dive nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Board of Gambrills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO T oould be executed within 24 hours after death. If any death, "in pencil in Item 18. Give Pages 1, 2, and 3 to the ful Office along with form PM3. Page 5 may be retailed. Burial-transit permit. File pages 1 and 2 with the State moval, and it, any event within 72 hours after death. Anne Arundel General Hospital NAME OF Middle inst 4. DATE Month Dav Yee DECEASED OF 1960 (Type or print) DEATH October 11 MATLITEW NORFULK 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Male Whi te WIDOWED T DIVORCED Sept 12, 1901 59 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Marvland Farmer Tobacco 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Moreland William M. Norfolk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mrs. Bessie Moreland Norfolk, Wife- same as # 214 14 3863 This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease Acuté pandreatitis IMMEDIATE CAUSE (e) DUE TO removal, Chronic/alcoholism "pending" ase exc. Is the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Acute alochol intoxication X NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. of work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER should be EXAMINER'S W. Bradly King, Jr., M.D. Address (Street, city, town, or county) DEPU NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) OL o 40 a 15,1960 Mt Zion Cemeterv Lothian 240. REC'D BY REGISTRAR Burial 23. FUNERAL DIRECTOR ADDRESS VS. AISME arthur & Kraus DATE OCT 1 7 '60 5M 7/59 Home Funeral Annapolis. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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10990

	1. PLACE OF					2. 1	SUAL RESIDENCE	Where deceased		an: Residence b	oefare admi	ssion)			
	a. COUNTY		Anne Aru	ndel	MARYLAN	d. STATE Maryland b. COUNTY Anne Arundel									
	RURAL gr	TOWN (If our of give neare nnapol		mits, write	c. LENGTH OF STAY IN 1	6	RURAL - Shadyside								
			(If nat in haspital,	give street	address)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
3		nne Arundel General Hospital										NOB			
2	3. NAME OF DECEASED			First	Middle		Last	4. DATE OF	Man	th	Day	Year			
	(Type ar pri	nt)	Mary		LEE		NOWELL	DEATH	Octobe	r	15	19 60			
	5. SEX	6.	COLOR OR RAC	E 7. MARI	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		_			
ì	Female		White	WIDOW	ED X DIVORCED	Ma	rch 28, 1	888	72 yrs.	Months Da	ys Hours	Min.			
	during	st af working	Give kind of war life, even if retire	k done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sec.	- 11	dyside	12. CITIZEN	U.S.	COUNTRY?			
	13. FATHER'S N					14	MOTHER'S MAIDEN	NAME A	1						
	Edm	NA	L. A	ART	OE	1	JARY LE	E Ca	NNER						
	15. WAS DECE	ASED EVER IN	U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFOR	TAAN		Add	ess	Α.	1:			
	(Total and a small a		as, give war or doles o	, survice,		TARC	ARET A	bwell	STAD	y Sibi	E , M	d.			
3	18. CAUS	18. CAUSE OF DEATH [Enter only one cause per line) for (a), (b), and (c).]													
Н	PA	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SMEDIATE CAUSE (a) Crebral hemorrhage 5 days													
	14	42	DUE				1.1	1	0 1	~		1			
	Canditio	ans, if any,	which)	in Afr	then tonger	0 0	ardiot	/ascul	ar des	pase	110	ans			
1	-	se to imm	/ Dire	0	1						1				
	lying ca		under-	(c) (l)											
	Z PA	RT II. OTHER	SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TEL	RMINAL DISEASE	E CONDITION GIV	EN IN PART 1	a) 19. WAS	AUTOPSY ORMED?			
)	CATI										YES [
	☑ OR CONT	RIBUTING 🔲	INDERLYING CAUSE OF DEAT DICAL EXAMINER	H	CRIBE HOW INJURY OCCU	RRED. (En	ter nature af injury	in Part I or Part	II of item 18.)	Jan					
	3 20c. TIME		Manth, Day,	fear 20d. I	NJURY OCCURRED 20e	PLACE C	F INJURY (Home, fo	orm, 20f. (City	or town)	(Cau	nty)	(State)			
	20c. TIME (p. m.	19	While at wo		ractory,	street, office bldg.,	etc.)							
			I) Whisebook	all attend	ded the deceased fra	m Oc	t. 10	19 60 ta	Oct. 14,	1960	that (1)	(vaeaclast			
					19.60 and the										
	22a. SIGN		101	3 /	1/		6:1	O A.M.				2b. DATE			
		Wello	ud Te	mi	Uth.	M.D.	PHYS.	MED.	STAFF PHYS.		10/1	7/60			
	22c. PHYS	CIAN'S E (Type)		0		1.50	22d. ADDRESS			The state of					
	TYOM!	W (Type)	illard F	. Smi	th		Shadysi	de, Md.							
	23a. BURIAL, C		23b. DATE THER	EOF	23c. NAME OF CEMETER	Y OR CR	MATORY	23d. LOCAT	TION (City, tawn,	ar caunty)	(St	ate)			
	BURI	A L	Oct 1	7.60	WoodFiE	ld's	C. D. C.	GAL	ESVIL	E	Ma	1.			
3	24. FUNERAL E	DIRECTOR'S S	IGNATURE	1 1	ADDRESS	, -		EC'D BY REGIST		STRAR'S SIGN					
1	Bein	rurd	O. Her	diely	Galowill	e,	nd. DATE	OCT 2 0 '6	50 a	illum S. T	Colla				

,as Income a ma 1000 24 350 BEET, HE HOUSE COMMENT OF THE BEET OF THE Store KERPER . E. J MARY LEE COUNER Eamno L. Hartya MARCARET NOWELL, SHORY SIDE, Md A Series Chill and announced the series AND A REPORT AND HEALTH STREET 119 CALF STILL Bernal Cetin, so Woodfields Form & O Thehit . " Landle , med.

FOR STATE

TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please e. Life the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the final director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for roundiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Extremithen or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

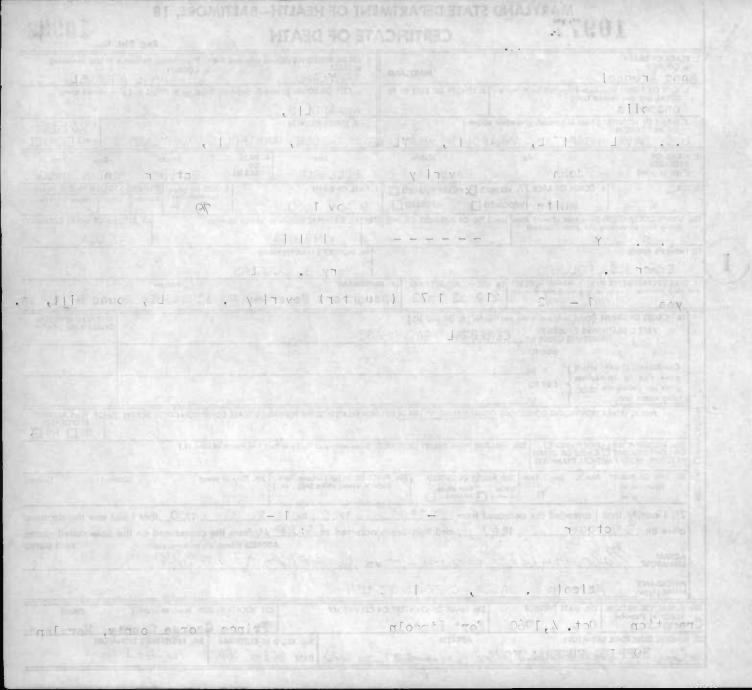
10976 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)
o. COUNTY A CO	e, STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL end give nearest town)	- 4-3 \
Annapolis	d. STREET ADDRESS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	ON A FARM?
O.O.A. HNNE HRUN del. Gels-	215-10 1h. St. N.E YES NO
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer OF
(Type or print) george 1+	PAYNE. DEATH 10 2 1960
5. SEX 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min
WIDOWED DIVORCED	June 28, 1910 50 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Elevator opr. Investment Co.	. ala M.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wulis Dayno	abov Hart (Luca)
	NFORMANT, Address
(Yes, no, or unknown) (Ifyasgivewerordétesofservica) 578-17-2419	Osasio Day
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Jeane Jague Interval Between
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CAR GIA 6. OISE	Sudden,
34 4 DUE TO	
Conditions, if eny, which (b)	
gave risa to immediata cause	
(a), stating the underlying cause lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OF THE PROPERTY OF THE PROPERT	PERFORMED?
The systematic alice was a local present the with the occurrence of	YES NO L
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (EP	inter nature of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident , Suici	ide, Homicide, Undetermined manner
000	CHIEF MEDICAL EXAMINER
SIGNATURE 6 Kun Kardh	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER
EXAMINER'S E. LIN hardt.	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
Buria 1 10-29-60 not Harmon	man
23. FUNERAL DIRECTOR ADDRESS	1 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
0 1 + 111 19	2017 100 7 100 0 11 - 9 6
Crouch tuneral Home 31 Ka	of St 17.7 DATE NOV 7 00 Colling S. Thank

death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11021 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1093

1.		ACE OF DEATH					NCE (Where deceased			nce before e	dmission)
		Anne Ar	undel		MARYLAND	a. STATE Same	Sa	b. COUNTY			
	ь.	CITY OR TOWN (foutside corporate limit give neerest town)	5,	c. LENGTH OF STAY IN 16		(If outside corporate li		URAL and give	nearast tow	n)
ı		Hanover	give neelest town)		17 Years	X Same					
1	d.	NAME OF HOSPIT	AL OR INSTITUTION (f not In hos	pital, give street address)	d) STREET ADDRES	SS				ESIDENCE
ı	P	each Aver	nie				Same			YES T	A FARM?
-	3. N	AME OF	First		Middle	Last	4. DATE	Month	Dey	1	-
		ECEASED ype or print)	Helen Fear	l Pope	Э		OF	tober	16th.	19	60
	5. SI	X	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1 44 1 1	UNDER 1 YEAR		
		F	W	WIDOWE	DIVORCED	5/22/17	1,3	yrs.	lonths Deys	Hours	Min.
			ON (Give kind of work		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (See	te or foreign country)		12. CITIZEN C	OF WHAT	OUNTRY?
	20116	Housewi	rking life, even If retired	4)		Howard C	ounty Md		TISA		
	13. F	ATHER'S NAME	-10			14. MOTHER'S MAIDE	N NAME		USA		
		Robert K.	Speak+			Donata	D-m-1-				
	15. V	VAS DECEASED EV	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	Bessie INFORMANT	vanare	Address			
	(Yes,	no, or unkown) (II	yes give war or dates of se		7/ 00 0000	1 1 1 1	/2 2	- 1			
	11	B. CAUSE OF D	EATH [Enter only one		16-03-7893 M	r. Joseph P	ope (husbar	(d)	I IN	TERVAL BET	WEEN
		PART I. DEATE	WAS CAUSED BY:				- /-		10	NSET AND I	DEATH
		DI.	IMMEDIATE CAUSE (a)_	S	elf strangulat	ion with r	ope 3/8 of	an in	sh	Sudder	1
ŀ		17"	DUE TO								
	-	Conditions, if any pave rise to immedi									
	1 1	a), stating the u	DI IE TO						12117		
		ause last.) (c)_								
	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE CONDI	IION GIVEN	IN PART 1(a)		RMED?
ı	3 _									YES	NO X
	RTE	RIMARY TO CO			BE HOW INJURY OCCURED.				C. L		
		CAUSE OF DEATH.		Lace	d a 3/8/of an				and late	enec	one e
	MEDICAL	Oc. TIME OF INJU	RY Month, Dey, Yee	While		ACE OF INJURY Home, I	orth, 20%-(City or town	n)	(County)		(State)
	A C	Hour a.m.	10/16/60	at worl	THE THE PARTY OF T		ent at home	.Hanov	ver.A.A	? Md.	
									Promote State of Stat	in my o	pinion
	7		at I took charge o	f the rem	ains described above, h	410110	Inspection .	Inquiry	X, and	ill illy o	
			100 100			410110	100	Inquiry	Parent .	i ili iliy o	
		21. I certify th	100 100			eld an Autopsy 🔲, cide 💢, Homicid	100		Parent .	an my o	
		21. I certify the	100 100			eld an Autopsy	e . Undetern		ner 🗌	DATE SIG	NED
	1 2	21. I certify the	100 100			eld an Autopsy	e, Undetern	nined man	ner		NED
	1	21. I certify the	rom: Natural ca	uses [].	Accident Suice Suice	eld an Autopsy, cide, Homicid CHIEF MEDICAM.D. ASSISTANT M DEPUTY MEDICA	e, Undetern	nined man	ner 🗌		NED
	1 1 1 22a, I	21. I certify the death resulted for actual signature examiner's NAME (Type) BURIAL (REMATIO	Gustave	uses [].		eld an Autopsy, cide, Homicid CHIEF MEDICAM.D. ASSISTANT M DEPUTY MEDIC Address (Stree	e, Undetern	nined man	ner []		
	22a. I	21. I certify the death resulted for actual signature standard for actual signature (1700) and (1700) actual (1700	Gustave Natural ca	de Fai	Accident Suid	eld an Autopsy, cide, Homicid CHIEF MEDICAM.D. ASSISTANT M DEPUTY MEDICA Address (Stree	Undetern	10/	16/60 country)	DATE SIG	
	22a. Bt	cl. I certify the death resulted for actual signature standard (Type) surial, CREMATIO REMOVAL (Specify) 17181	Gustave J	de Fai	Accident Suice Sui	eld an Autopsy	EDICAL EXAMINER CAL EXAMINER CALCULATION (CALCULATION CALCULATION CALC	10/1	ner 1 16/60 r country) Maryl	OATE SIG	
	22a. Bt	21. I certify the death resulted for actual signature standard for actual signature (1700) and (1700) actual (1700	Gustave J	H. Fall	Accident Suid	eld an Autopsy	EDICAL EXAMINER CAL EXAMINER CA	10/1	ner 1 16/60 r country) Maryl	OATE SIG	

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Residence before admission)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Fage 4		eral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on should be filled with	1	少人
urs after de	1	the fune	shauld	0	6
thin 24 har	,	ly filled in	Pages 1 on	death.	
executed wi		d complete	n papers. F	hours ofter	I
lificate be e		hysician on	nove carbor	t, within 72	
deoth ceri		attending p	please rer	in any even	
res that the		ed by the	ermit. Ther	naval, and	
law requi	hysicion.	s been sign	al-transit pe	tian, ar ren	1
CIAN: The	ottending p	rtificote ha	s the burio	rial, cremo	103
ING PHTS	aspital ar	ofter this ce	ed for use o	priar ta bu	
X ALIEND	d by the h	RECTOR: A	be detache	d of Health	1
OSPITAL	y be ret	UNERAL	ge 3 shauld	the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death.	
/R	DE AM	TO F	5pd (4)	the	0
13	M	7/3	37		19

3	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
EM)	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
shar 1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
CO	Anne Arundel General Hospital	220 King George St. YES NO TX
0	3. NAME OF First Middle	Last 4. DATE Month Day Yeor
ath.	(Type or print) Kenneth VERNON	PRESTON DEATH October 21 1960
Pages death	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
of s.	Male White WIDOWED DIVORCED	June 6, 1892 1057 birrhady) Months Doys Hours Min.
carbon papers	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life even if rejired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? New York
72 hour	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE R PRESTON	LAUSE HATCH
t, wi		NFORMANT Address
please remove car n any event, within	(Yes, no, or unknown) (If yes, give war or dates of service)	ORENCE F. PRESTON # 2
	18. CAUSE OF DEATH [Enter only one couse poline) for (o), (b), ond (c).]	INTERVAL BETWEEN
c .=	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET AND DEATH
Then and ir	491% DUE TO	
val,	Conditions, if ony, which) (b)	
remaval	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
an, an		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
cremotian,	S Walveler with Jukes kind absenction - W	ledes me l'est Carcisone YES NO [
os the burial-transit urial, cremotian, ar	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter Acture of injury in Port I or Port II of item 18.)
to burial,		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
ta l	Hour o. m. P. m. 19 While Not while of work of work	Cory, sheet, whice blogs, etc.)
prior	21. I certify that (I) protectional attended the deceased from.	Oct. 16, 1960, ta Oct. 21, 1960, that (1) 1000) last
E E		death accurred atM, fram the causes and an the date stated above.
e detached of Health pr	220. SIGNATURE & Q I M Perer	1:10 P.M. ATTENDING MED. STAFF SIGNED M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
d b	22c. PHYSICIAN'S	22d. ADDRESS
page 3 shauld be of the State Board of	NAME (Type) Dr.: Richardi N. Peeler	121 Cathedral St., Annapolis, Md.
Stat Stat	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
the the	PURIAL UCT 24 1960 DI MINNE	SCEM ANNAPOLIS MD.
TB	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
9	JOHN M. TAYLOR. SON ANNAPOL	48 MD DATE OCT 24'60 arthur S. Krous

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A	1. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where deceases	d lived. If institution	on: Residence bef	ore admiss	sion)	
1	a. COUNTY	Anne Aru	undel	MARYLAND	o. STATE Mar	yland	b. COUNTY	Anne Ar	undel	L	
	b. CITY OR TOWN (If RURAL ond give ne Anna I	arest town)	its, write c. LEN	NGTH OF STAY IN 15		N (If outside corpo		URAL and give ne	earest town	1)	
	d. NAME OF HOSPITA	AL (If not in hospitol, g	give street address)	d. STREET ADDR	RESS	55-15		e. IS RES	IDENCE	
	Anne Arunde	el General	Hospital		/ Drea	ams Landi	ng			FARM?	
	3. NAME OF DECEASED	Fir	rst 🕜	Middle	Last	4. DATE	Man	th D	lay	Year	
	(Type or print)	Georg		00-DW11	RIDGELY	DEATH	Octob		-	1960	
9	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	11. 0	9. AGE (In years lost bigthday)	Months Days	R IF UNDI	ER 24 HRS	
	Male	White	WIDOWED	DIVORCED	100 18	82 1902	3 / yrs.				
	100. USUAL OCCUPATION work	ing life, even if retired	done 10b. KIND (l Costal		(State or foreign o	auntry)	12. CITIZEN C		OUNTRY	
	13. FATHER'S NAME	adrian	Ridg	ely	14. MOTHER'S MA	DEN NAME	Nelso	20/			
	(Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war ar dates of s	RCES? 16. SOCIA	L SECURITY NO. 17	Sheador	a 1 1	Add	y (2)		
)		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		o), (b), and (c).]	Beerd				TERVAL BE	DEATH	
		Conditions, if any, which gave rise to immediate (b) Bleeding exophageal varieties 1/hr.									
	couse (a), stating to	5	5 yr-								
	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE	E TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(a)		AUTOPSY DRMED?	
	CAT					3.5-1			YES	NO [
	O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter nature of inj	ury in Port I ar Por	t II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Ye		Nat while	PLACE OF INJURY (Hom factory, street, office bld	ne, farm, 20f. (City dg., etc.)	y ar tawn)	(County	')	(State	
		t (1) (t his beepit a ed alive an Oct			death accurred a						
	720. SIGNATURE	chard x	1 Jeel	Zee-	M.D. PHYS.		STAFF PHYS.	ia an me aar		b. DATE SIGNE	
	22c. PHYSICIAN'S NAME (Type)	RICHARD	WEF	EFLER	22d. ADDRESS	VAPOLI					
١	23a, BURIAL, CREMATIO		OF 220	NAME OF CEMETERY	OR CREMATORY		TION (City, town,	or county)	.(Sta	te)	
-	SMOVAL (Specify)	Oct 13	-1960 H	ellerest	Memoria	e Un	make	olis	M	il	
-	24. EUNERAL DIRECTOR'S	s SIGNATURE	Sons (Smap	ole Mel 250	o. REC'D BY REGIS		STRAR'S SIGNATI			

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital ar attending physician.
RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, a be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I are a should be filed with and of Health prior to burial, cremation, ar remayal, optimally event, within 72 haurs after death.

page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior ta burial, cremation, ar remayal, TO HOSPITAL may be rey VR A15 (4) 15M 9/59

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Jahren I. e. e.		Minara Maria				
		4 - 244			*Extran	
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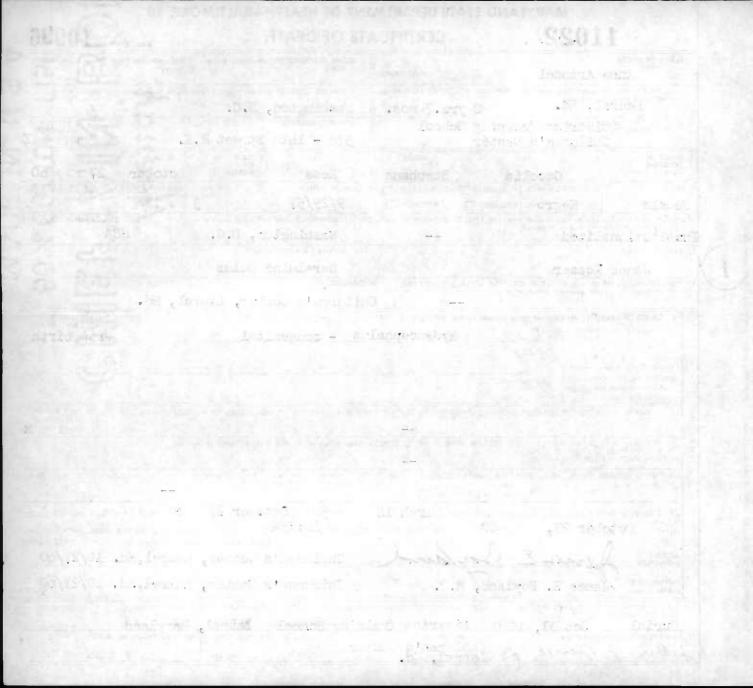
VS A15 (4) 15M 9/58

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
00				

11022 CERTIFICATE OF DEATH

Reg. Dist. No 10996

1	o. COUNTY Anne	Arundel		MARYLAN	- 11	2. USUAL RESIDENCE (WI o. STATE	here deceased l	b. COUNTY	n: Residenc	e before odm	nission)
	b. CITY OR TOWN (IF RURAL and give ned Laure	outside corporote limi	s, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF a		te limits, write RU	IRAL ond g	ive nearest to	wn)
1	d. NAME OF HOSPITON	istrict"Tr hildren's	ai th Cente	ig School er		d. street Address 338 - 14th	Street	N.E.		ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Cecel	ia	Middle Stephans		Lost Rose	4. DATE OF DEATH	Mont		Day 27	Yeor 1960
. 0	sex Temale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED [DIVORCED [_	9/29/57	9.	lost birthdoy) yrs.	_	Doys Hour	_
	o. USUAL OCCUPATIO during most of working stitutiona	ng life, even if retired	lone 10b.	KIND OF BUSINESS OR IN	IDUST	Washingt			12. CITIZ	ZEN OF WHA	T COUNTRY?
13.	James	Rosser				14. MOTHER'S MAIDEN N					
	. WAS DECEASED EVER es, no, or unknown) (I	IN U. S. ARMED FOR f yes, give wor or dates of se		SOCIAL SECURITY NO.		ormant nildren's Cer	nter, L	Addraurel, 1		42	
CERTIFICATION	Conditions, if on gove rise to in couse (o), stoting t lying couse lost. PART II. OTH	he <u>under-</u> DUE TO		CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEASE (CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in	Port I or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of wor	Not while		E OF INJURY (Home, form ry, street, office bldg., etc		r town)	(C	ounty)	(Stote)
	actual SIGNATURE		1961	ogland	ath o	, 1958, to Occurred 10:25A Children' Children'	M, fram the ADDRESS (Streets Center	ne causes and et, city or town, er, Laure	d an the stote)	date stat D 10/27	ed abave. ATE SIGNED 7/60
	o. BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	Oct 31.		20c. NAME OF CEMETER District T ADDRESS Children's C Laurel, Md.	rai	ning School	Laure D 8Y REGISTRA	AR 24b. REGIS		GNATURE	tote)



TO HOSPITAL may be ret

VS A1S (4) 1SM 9/S8

10997

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ann	e Arundel		MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where decease	ed lived. If institution b. COUNTY	on: Residence b	pefore admission)
RURAL ond give	rel		LENGTH OF STAY IN 16	Washi	ngton, D	orote limits, write R	URAL ond give	negrest town) 7 X -3
d. NAME OF HOSE OR INSTITUTION	Children's	rining Center	⇔School Laurel.Md	d. STREET ADDR		reet S.E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rona		Middle Emanual	RUDD Lost	4. DATE OF DEATH	Mon		Day Year 24. 1960
s. sex male	3.7	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday) yrs.	Manths Da	EAR IF UNDER 24 HRS ys Hours Min.
Institution	TION (Give kind af work do orking life, even if retired) nalized	one 10b. KIN	D OF BUSINESS OR INC	Wash	ington, 1		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME W:	illiam Rudd			14. MOTHER'S MA	Whittake	er		
1S. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORC	ES? 16. SOC		INFORMANT Children's		Add		
Canditions, if gove rise to cause (o), statin lying couse las	immediate DUE TO		Pneumonia a Cerebral pa Microcephal	lsy, spasti				lday
PART II. O	THER SIGNIFICANT COND Aspirati	on pre		UT NOT RELATED TO THE	ETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN (IF EITHER, NOTIII 400 Or Mour o. m	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Year 1.		RY OCCURRED 20e. Not while	PLACE OF INJURY (Ham factory, street, affice blo	e, farm, 20f. (Cit	y or town)	(Cou	nty) (Stote
21. I certify	that I attended the of 10/24/60		from 11/1/5 and that dea	th accurred at 7	250AM, fram Address (s en's Cent	the causes an Street, city or town,	d an the d stote)	DATE SIGNE
220. BURIAL, CREMAT REMOVAL (Specif Burial			District Ti	or crematory		TION (City, town,		(Stote)
23. FUNERAL DIRECTO	DR'S SIGNATURE	SL.	ADDRESS Children's Laurel. Mo	Center, DA	TE NOV 1	TRAR 24b. REGI	STRAR'S SIGNA	

到7A2030高级高A3用的独立日本公司公司主任 Carbiners sun and the latter with the latter than the latter than the late they Calendary ments day as estructures afromued . The special of HANDELY OF LIVE - SLIG MODELS AF Philair attraction in party Company of the control of the contro unifolion is an ess, he weight, but slives

arelegis , lyggur, , oktober och der värkrift i foti , o da.

MARYLAND STATE DEPARTMENT OF HEALTH 10980 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

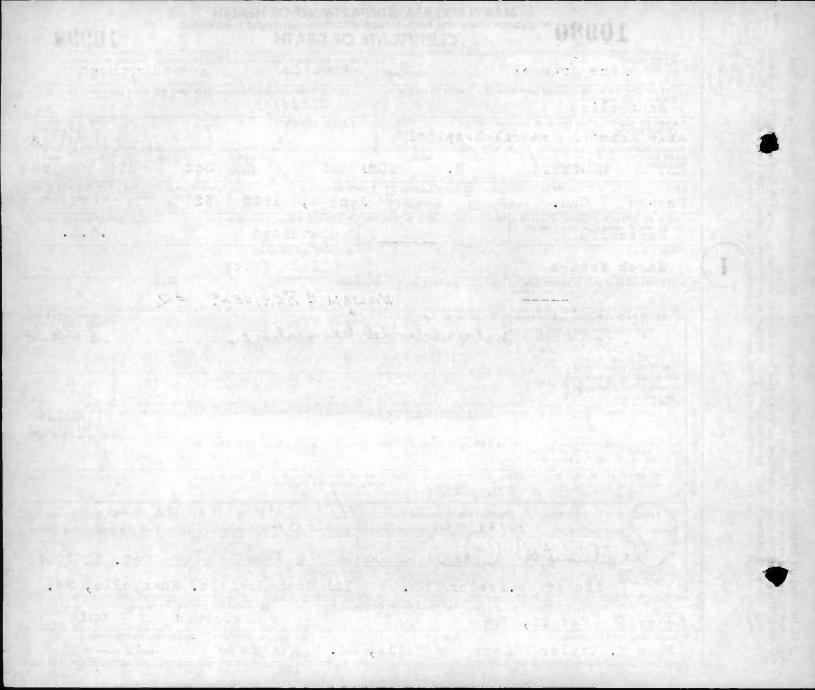
10998

	PLACE OF DEATH	ine Arunde	21	MARYL		a. STATE	NÇE (Whe	ere deceased	lived. If instituti b. COUNTY				ian)
	b. CITY OR TOWN (RURAL and give n Annape		ts, write	c. LENGTH OF STAY II	N 1b	me fin	wn (If ou		ate limits, write R	URAL and	give nec	arest town	1)
	OR INICTITUTION	TAL (If not in hospital, gandel Gene				d. STREET ADI	DRESS		72X	-3	3		FARM?
	NAME OF DECEASED (Type ar print)	CLARETTA	st	Middle R .	SCR	VENS		4. DATE OF DEATH	Oct Mar	ith 2	2		Year 19
5.	sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		June 4	, 1	908	9. AGE (In years last pirthday) yrs.	Manths Manths	R 1 YEAR Days	Haurs	R 24 HRS. Min.
100	during most of war	king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR		Vela:		untry)	12. CI		S . A .	OUNTRY?
13.	Jacob	Konzen				01i		AME Yates					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT WAM A	Sci	RIVEN	Add Add	ress 2			
	Canditians, if a gave rise to cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (cony, which immediate the under-	Su Su	ne far (a), (b), and (c).]	niel	hemo	rrh	ye,			ON	ERVAL BE	DEATH
CERTIFICATION				CONTRIBUTING TO DEA						VEN IN PA	RT 1(a)	PERFC	RMED?
-	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Day, Ye		CRIBE HOW INJURY OC	Ma	OF INJURY (He	JE E			10 M	(Caunty)		(State)
MEDICAL	Haur a.m. p.m.	19	While at war	Nat while		y, street, affice b			1				
		sed alive an	J (ded the deceased of 19 Go, and	that dec	ATTENDING PHYS. 22d. ADDRES	ME DIF	M, fram	staff PHYS.	Oc1	e date	e stated	b. DATE SIGNED 960
230	8 BURIAL, CREMATION REMOVAL (Specify Removal L	Richard ON, 23b. DATE THEREO Oct 22		23c. NAME OF CEME			atne	23d. LOCAT	St. Ar NON (City, town, reland			(State	
24.	John M		e So	ADDRESS ns Annapo	lis,			BY REGIST		ا الا إسال.	. 10		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be rety d by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 outers shauld be filled with the State Baard at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/59

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10981

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	- The state of the	
IFICATE OF DE	ATH	10999
		10000

1. PLACE OF DEATH o, COUNTY		10 5 10 15 15 15			tion: Residence before admission)
0. COUNT	Anne Arundel	MARYLAND	o. STATE	land b. COUNT	Anne Arundel
RURAL ond give ne		c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and give nearest town)
Annapo	118 AL (If not in hospital, give street	2 days		L - Harwood	us proupries
OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	l General Hospi	Cal	1		YES NO
3. NAME OF DECEASED	First	Middle	Last	OF	onth Day Year
(Type or print)	Thomas	STANFURTH	SHEPHERD	DEATH Octo	7
S. SEX	6. COLOR OR RACE 7. MARE		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
Male	White WIDOW		November 27,	1901 58 yrs	
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		arming	Maryla	and	U.S.
13. FATHER'S NAME	0100		14. MOTHER'S MAIDEN	NAME ,	
Edgas	Shepherd		Ellen	Stanlarth	
	R IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT 1	- 1 6/ Add	dress // I II O
		C.	lipabell ?	wall I need	ne gyaecussa, Md.
	TH [Enter only one couse per li	ne for (o), (b), and (c).]	1	21	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	inte rule	unay !	sure	1212
203	DUE TO	1 / 1	1	,	
Conditions, if or	iy, which)	mallon	a Ilu	not lis	us In.
gove rise to in		11	1		
lying couse lost.	(c)	V /	/		
Z PART II. OTH		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPSY
ATIC					PERFORMED? YES NO M
20a. ACCIDENT WA	S LINDERLYING TI 206 DES	CRIBE HOW INJURY OCCURRE	D. /Enter nature of injury in	Port Lor Port II of item 18 \	TE NO E
OR CONTRIBUTING	CAUSE OF DEATH	CRIDE HOW INSORT OCCURRE	o. (Ellier holore of injury in	Toll for form of hem to.,	
			ACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote)
Hour o.m.	19 While of wor	Not while	ctory, street, office bldg., et	c.)	
			Ang. 12. 19	60 to Oct.	, 19_6Q, that (I) 0000 last
	ed alive an Oct. 4.				nd an the date stated above.
220. SIGN FURE	Jo dive dil 1999	C A	2:15	A.M.	22b. DATE
12n	and 24 Ale	1/1	ATTENDING _ N	MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	/	P	22d. ADDRESS	TRECTOR ES TITTS.	10/5/60
NAME (Type)	Frank M. Shiple	y /	121 Cathed	iral St., Anna	polis. Md.
23a. BURIAL, CREMATION	N, 23b, DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town,	
DURIAL (Specify)	ORT 7 1960	Chaist Chu	PECH CEMETERY	WEST Rive	K, MD.
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25a. REC	T 1 1 '60 2Sb. REG	ISTRAR'S SIGNATURE
TANAR	esty & Son	Galerville	Mal DATE	11100	Crow A. / Channe

Selling County County of Contract industrial - Industrial - and 2 STANFORTH DESCRIPTION OF THE STANFORTH A - 35 COLUMN AS THE REAL PROPERTY AND A STATE OF THE PROPERTY AND A STATE OF THE PROPERTY AND A STATE OF THE PROPERTY AND A STATE O Ellen Storlett Edger Slup lend Elizabeth Febre Shoped Havened 11.2 The second second BURKE OCT 7 1960 Chaist Chosen Coursey West Pice 1919 TA discretion son Galsamille, MA

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10982

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10982 DIVISION OF		E OF DEATH	ARYLAND	11000
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate of the corporate of	be limits, write RURAL and gi	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED M # First	Middle 0	243 Haner	er St.	YES NO D
Temale White WIDOW	ED DIVORCED	June 15 1888	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) 13. FATHER: SNAME	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign co	untry) M. P. 12. CITIZ	SA.
Peter May		annie Coe	Elins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)	. SOCIAL SECURITY NO. 17. INF	Edward S.	herlock	(2)
PART I. DEATH (Enter only one couse per IMMEDIATE CAUSE (o)	ine for (a) (b), and (c).] Vac	o cular Fai	lus	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	r. Myoea	rollis	1	Davisal We
lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part	II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19 While of we	Not while focts	CE OF INJURY (Home, farm, 20f. (City ory, street, office bldg. etc.)	or town) (C	ounty) (Stote)
21. I certify that (I) (this hospital) attentions the deceased alive an	1	eath occurred at 112 M, from		C) that (I) (we) lost
220. SIGNATURE OLIVET	10010	.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S J. OLIVER	PARVIS	Cleuras	The M	il.
230-BURIAL, CREMATION, 23b. DATE THEREOF 100 - 9-1960	23c. NAME OF CEMETERY OR	Bluff Ch	ION (City, town, or county)	is Me.
John M. Taylar Sun	Doress	pare OCT 1 0 '6		1.0

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		124 ME	DICAL	EXAMINER'S	CERTIFICA	TE OF I	DEATH		1100)1
1.	PLACE OF DEATH	Anne Arunde	el	MARYLAND	2. USUAL RESIDE	NCE (Where dec	b. COUN		idence before	edmission)
		f outside corporete lim give neerest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ete limits, write	RURAL end g	ive neerest to	vn)
	d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hosp	itel, give street eddress)	d. STREET ADDRES	S				ESIDENCE
-		n. Express	way, 10	Burseyuth or			4	7×-	-	A FARM?
3.	NAME OF DECEASED (Type or print)	First	IPSEY	Middle	STMMS	4. DATE OF DEATH	Octob		19 Yes	60
S.	Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		AGE (In yeers last birthdey) 62 yrs.	Months De		R 24 HRS. Min.
do	ne during most of wor	ON (Give kind of working life, even if retire	k 10b. Kli	ND OF BUSINESS OR INDUST	LONKAS	Ne	try)	12. CITIZE	N OF WHAT	OUNTRY?
	FATHER'S NAME	ع) ش			14. MOTHER'S MAIDE	1				
15.	WAS DECEASED EVE	R IN U.S. ARMED FO	service)		INFORMANT PUL		र । एक्किक			
	PART I. DEATH	WAS CAUSED BY	Arta	ne for (e), (b), end (c).]	heart diseas	e and hy	pertens	ive	INTERVAL BE ONSET AND	
	+20	DUE TO		cardiovascula	r disease					4
	geve rise to immedie (a), steting the un cause lest.	ete cause								
ATION	PART II. OTHER	- (-)	ITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIV	EN IN PART 16		AUTOPSY DRMED?
CERTIFIC	20e. EXTERNAL CA PRIMARY Or COI CAUSE OF DEATH.		20b. DESCRIE	BE HOW INJURY OCCURED.	(Enter neture of injury in P	ert I or Pert II of it	em 18.)			
MEDICAL	20c. TIME OF INJUI Hour a.m.	RY Month, Dey, Ye	While et work	Not While fe	ACE OF INJURY (Home, factory, street, office bldg., e		or town)	(County)	(Stete)
	21. I certify the		-	ains described above, h		Inspection	Inquir		and in my o	pinion
	death resulted fi	rom: Natural c	auses	Accident, Sui	cide, Homicide		etermined m	anner		
	ACTUAL SIGNATURE	Wo	Ku	4	CHIEF MEDICAL M.D. ASSISTANT ME	EDICAL EXAMINER	X		DATE SIG	NED
	EXAMINER'S NAME (Type)	W. Bradl	ey Kin	g, Jr., M.D.	DEPUTY MEDIC	AL EXAMINER	unty)		10/4/60	
22e	BURIAL, CREMATION REMOVAL (Specify)		60F	22c. NAME OF CEMETERY C		22d. LOCATIO			D . C	
23	FUNERAL DIRECTOR	0	-01	ADDRESS	, 24e. Ri	EC'D BY REGISTRA	R 24b. R G	ISTRAR'S SIGN	LATURE	- 1
400	Henry	IN teer	med	116 mass. A	M. N.W. DATE	OCT 2 0 '	30	0.11.0 8	House	

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moy be refer a by the hospital or attending physician.	FUNERAL ECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director.	page 3 shouls be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 order should be filled with	the registror prior to buriof, cremation, or remavol, and in any event within 72 hours ofter death.
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(11)	MAKTLANU SI	ATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	11002
(4)	11025	CERTIFICA	TE OF DEATH	Reg.	Dist. No.
o. COUNTY	7.	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Mel	b. COUNTY	dence before admission)
b. CITY OR TOWN (If our RURAL and give negree	t town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL or	d give nearest town)
	If not in havital, give street oddr	1. 1	d. STREET ADDRESS 40 88.	Hammonds For	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	erles H	Middle 5	tamm 4	OF OF Month OCF.	Day Yeor 1960
S. SEX 6.	COLOR OR RACE 7. MARRIED WIDOWED	2	2/4/8 4	9. AGE (In years lest birthday) Month	DER 1 YEAR IF UNDER 24 HRS. B Doys Hours Min.
Oa. USUAL OCCUPATION (profing most of working	Give kind of work done 10b. KANI life, even if retired)	peral Ma	- D	foreign country) ml 12.	CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	Chas. 84	ann	14. MOTHER'S MAIDEN NAM	WE S	
S. WAS DECEASED EVER IN Yes, no. or usknown) (If ye	U. S. ARMED FORCES? 16. SOC s. give war or dates of service)	IAL SECURITY NO. 17. IN	rella L x	Starm -	Den
PART I. DEATH	diote (lis - Va	sculor 1	Viscase	INTERVAL BETWEEN ONSET AND DEATH
5				al disease condition given in P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	E HOW INJURY OCCURRED	. (Enter noture of injury in Por	t t or Port II of item 18.)	
20c. TIME OF INJURY IN Hour o. m.	Month, Day, Year 20d. INJUR While at work	Not while tack	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that alive on	d attended the deceased f	from 1955 ,, and that death	00000000000000000000000000000000000000	M, fram the causes and an ORESS (Street, city or town, state)	l last saw the decease the date stated abov DATE SIGN!
PHYSICIAN'S NAME (Type)		<i>V</i>			/
20. BURIAL CREMATION.	22b. DATE THEREOF 220	Sukon	CREMATORY 22	ed. LOGATION (City, fown, or county)	melstotel

FARST CERTIFICATE OF DE	
The state of the s	

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamoy be recorded by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 are the State Board of Health priar ta burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11003

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de	eceased lived. If institution b. COUNTY	n: Residence before or	dmission)
Anne Arundel	MARYLAND	Md.		a.u.	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest tawn)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	carporate limits, write RL	JRAL and give nearest	tawn)
Annapolis		Pasadena P. O.	X		
d. NAME OF HOSPITAL (If not in haspital, give street address	55)	BOX STREET ADDRESS		e. 15	RESIDENCE ON A FARM?
Anne Arundel General Hosp.		254 Route 9			S NO
NAME OF DECEASED (Type or print) Redereth Her	Middle		ATE Mont		Yeor 1900
SEX 6. COLOR OR RACE 7. MARRIED	ENEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF	
male white WIDOWED		Sept. 4, 1925	lost hirthdoy) 35 yrs.	Manths Days Ho	aurs Min.
a. USUAL OCCUPATION (Give kind of work dane 10b. KIND	OF BUSINESS OR INDU		eign cauntry)	12. CITIZEN OF WE	HAT COUNTRY?
during mast of warking life, even if retired) Mechanic Airpl	ane Mfg.	Md.			
FATHER'S NAME	and me	14. MOTHER'S MAIDEN NAME			
Frederick G. Stroh, Jr.					
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17.	NFORMANT	Addr	ess	
Yes, no, or unknown) (If yes, give wor or dates of service)			Danada	a Wa	
yes World War II 219	-12-3850 M	rs. Margaret Str	on - Pasade		
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	- 0			AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	mary	occur	e car	3.4.	2. Ja.
A DUE TO					
Canditians, if any, which) (b)					
gove rise to immediate	PUE TO SHALL				
couse (a), stating the <u>under-</u> lying couse last.					
/ 19	RIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL [DISEASE CONDITION GIV	EN IN PART 1(a) 19. V	WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	Mr.			P	ERFORMED?
	HOW INJURY OCCURRE	D. (Enter noture of injury in Part I	or Port II of item 1B.)		
	OCCUPATED 200 PI	ACE OF INJURY (Hame, farm, 20	f (City or town)	(County)	(State
Haur a.m. While	Nat while fo	ctary, street, affice bldg., etc.)	i. (City dr 10wil)	(County)	(Sidio)
			2	, , , , ,	
21. I certify that (I) (this haspital) attended t	he deceased fram.	(0-1: 106C	10 /0-/	, 19 CG, that	(I) (we) las
7 🛕		death accurred af 15 K?	fram the causes an	d an the date st	ated abave
220. SIGNATURE					22b. DATE
Many M Shiples		M.D. PHYS. DIRECTO	OR PHYS.	//	SIGNE
22c. PHYSICIAN'S		22d. ADDRESS	1	~	4 35
NAME (TYPE Yank 18). She	p/cey	121 Catherin	eral St. 6	Emap	aly il
	NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, tawn,	or county)	(Stote)
Burial 10/5/60	Cedar Hill	Cem.	A. A. Co.,	Md.	
24. FUMERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D 8Y		STRAR'S SIGNATURE	
Man I Tinhair th	441-1DAD	7/17.1		un S. Krauk	
JULY S. JULYUN A	1000 pour	W DATECT 4	OU CIM		

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inglight, 10.	Auto Terror C				
		/			
F 2014 21 11 81					
			THE REAL PROPERTY.		

	10984 CER		E OF DEATH	MORE 1, MARYLAND	11004
	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. It institution:	Residence before Amission)
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF RORAL and give recreat town)	STAY IN 16	C. CITY OR TOWN (IF o	Aside corporate limits, write RURA	00
	d. NAME OF HOSPITAL (I not in haspitol, give street address) OR INSTITUTION Private home"		200 Of	ery St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) AMUS	Aiddle Sa	ylast	4. DATE Month OF DEATH	Day Year 2 1960
		ORCED	0 - 4 - 180	A Cast birthdoy) Mi	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
	180. USUAL OCCUPATION (Give kind of work dane of the total during most of working life, even if retired)	ess or indust	Musad	ssippl	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	lar	14. MOTHER'S MAIDEN N	Janies	Saylor
	15. WAS DECEASED EVER IN U. 8. ARMED FORCES? (Yes, no, or unknown) (II) es, give wer or office of service)	Y NO. 12 INF	mcysa	ylor 2000	hely IX
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), are PART I. DEATH WAS CAUSED BY:	d (c).]	any Fri	ulsun	ONSET AND DEATH
	Conditions, if ony, which) (b)	The World	- Cardina	a colar done	and I make
	gave rise to immediate couse (a), stating the under. DUE TO lying cause lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		. (Enter noture af injury in l		
	20c. TIME OF INJURY Manth, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRI While Not while at wark at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.		(County) (Stote)
	21. I certify that (I) (this hospital) attended the dece saw the deceased alive an Color 19,00,		11:7	M, from the causes and	on the date stated above.
	220. STIGNATURE Reds and In	М		ED. STAFF RECTOR PHYS.	16 3 SIGNED
	22c. PHYSICIAN'S NAME (TYPE) RICHTROSON.	7.D.	22d. ADDRESS	4 ST FTYMAH	Ochis, sty.
	Burral 10-5-1960 / a	COMETERY OR	CREMATORY	28d LOCATION (City, town, or c	US MIX
10	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	ia di	250. REC'		AR'S SIGNATURE

THE REPORT OF TAXABLE PARTY.	OF PAYER METERS OF THE PARTY OF
	10984

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11005

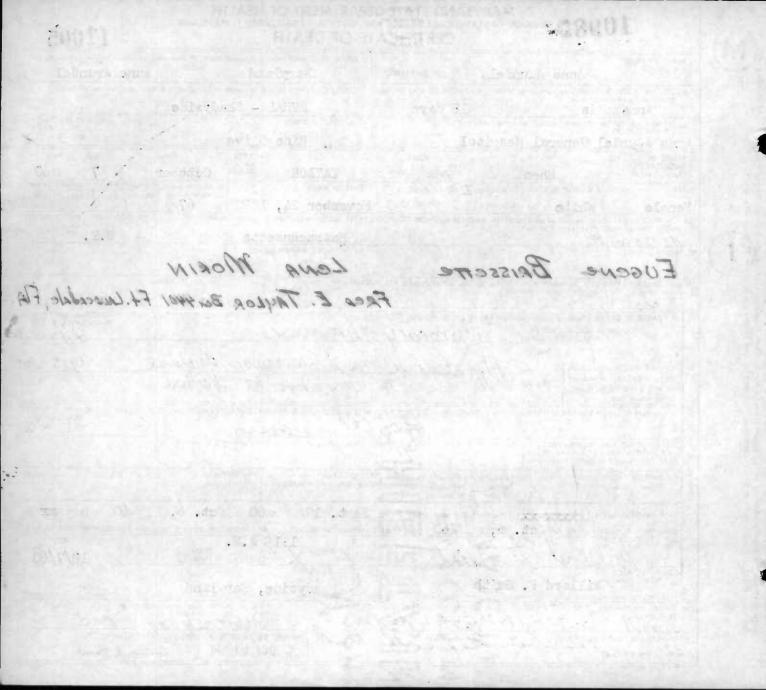
				CLKI	ILICAIL	OF DE	AIII				TTH	(I)
	PLACE OF DEATH D. COUNTY	Anne Ar	undel	MA	RYLAND 2	O STATE	NCE (Wh		lived. If institution b. COUNTY	Anne A	-	_
t	RURAL ond give neo	OR TOWN (If outside corporate limits, write and give neorest town) Anna polis		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Shadyside					wn)	
	OR INSTITUTION	. (If not in hospitol,		oddress)		d. STREET AD	DRESS		- C. J. C. L. C.		ON	ESIDENCE A FARM?
=	nne Arundel						nine_	Dive			163	□ 140 🛂
	NAME OF DECEASED Type or print)	Rhes	rst L	Midd	ile	Lost TAYL(OR	4. DATE OF DEATH	October		Day 7	Yeor 19 6 0
5. 5	EX	6. COLOR OR RACE	7. MARR	IED X NEVER MAR	RIED 8.	DATE OF BIRTH		1	AGE (In years	IF UNDER 1 Y		1
	emale	White	WIDOWE			ovember			lost birthdoy) 67 yrs.	Months Do		
Iva.	USUAL OCCUPATION during most of workin	g life, even if retired	done 10b.	KIND OF BUSINESS	OK INDUSTR	Massa			intry)		.S.	T COUNTRY?
13.	FATHER'S NAME				1	14. MOTHER'S M	AAIDEN N	IAME				711111
	FUGEN	e 78	9/56	e end		Len	IA	mi	ORIN			
	WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY N	17, INFO	RMANT	-		Add	ress		110
	NO				FR	20 6.	TAY	LOR	Bax 4401	F.t. 4	WERE	ye, th
	18. CAUSE OF DEAT	Enter only one c	ouse per lin	ne for (o), (b), and (c).]	11	1	•			INTERVAL	SETWEEN
		WAS CAUSED BY:	ol	(orone	214 7	noun!	2051	5			2	12 wee
	420.	DUE TO				1 -		1	1	3.75		2
	Conditions, if ony	which)	14	cho & tours	ine Co	redio	vare	cular	depear	2	4	ears
	gove rise to im			y word	70	2000000	4. :	h+	Pailuro		1	
	couse (o), stoting the lying couse lost.	e under-	c)		6	Cory les	we.	100	7.0000	5		
Z	PART II. OTHE	R SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT NO	OT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WA	SAUTOPSY
AT	C1633355			1	tuha	HALLE A	1di	sim				FORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OLGURRED. (Enter pature of	injury in F	Port I or Port	II of item 18.)			
MEDICAL							(State)					
ME	p. m. 19 of work of work											
	21. I certify that (I) (this hospital) ottended the deceased fram Sept. 19											
	saw the deceased alive on Oct. 6,1960, and that death accurred atM, from the causes and an the date stated above.											
	220. SIGNATUR					1:15 A.M. 22b. DATE						
	Inco	lard (1	much.	M.C	ATTENDING	ME ME	RECTOR	STAFF PHYS.		10/	7/60
	22c. PHYSICIAN'S NAME (Type)	C (T				22d. ADDRESS						
	(A) (A) (A)	Willard F.	. Smit	h		Shad	yside	, Mary	land			
230	BURIAL, CREMATION	, 23b. DATE THERE	OF	23c. NAME OF CI	METERY OR C	REMATORY		23d. LOCAT	ON (City, town,	or county)	.(5	tote)
	REMOVAL (Specify)	OCT 8	1960	Fort LI	ncoln	,	114	Blade	nsbur	9 1	ud.	
24.,	FUNERAL DIRECTOR'S	SIGNATURE /	Z	Q ADDRESS	11/2/	red :	25a. REC'I	D BY REGISTI	RAR 25b. REGI	STRAR'S SIGN	ATURE	
1/3	servara	House	4 -	valear	were c		DATE 0	CT 1 1 '6	60 C	witnes 8. 1	Trans	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be recorded to the hospital or attending physician.

O FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cabon papers. Pages 1 order should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer death. moy be rex TO HOSPITAL

VR A1S (4) 1SM 9/59



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1026	CERTIFICATE	OF DEATH	

11006

					Keg. Dist. I	NO.
1. PLACE OF DEATH g. COUNTY	,	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		institution: Residence bo	efore admission)
b. CITY OR TOWN (If outside corp RURAL and give nearest town)	porote limits, write c. LENGTH	OF STAY IN 16	C. CITY OR TOWN (IF or	utside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street address)		d. STREET ADDRESS	N Rt	. 2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	RAN JAL	1 Thomas	4. DATE OF DEATH	Month,	Day Year 19 6 8
5. SEX 6. COLOR	WIDOWED [DIVORCED 🗌	MAU 3 - 190	9. AGE (I lost bir	thdoy) Months Doy	
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KIND OF BU	USINESS OR INDUS	TRY 11/BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
George W.	RANDAL	1	14. MOTHER'S MAIDEN N	AME PARI	Ker	
15. WAS DECRÁSED EVER IN U. S. AF	RMED FORCES? 16. SOCIAL SEC	URITY NO. 17. IN	FORMANT &	Thomas	Address -Lothia	A.A.do
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAL IMMEDIATE	USED BY: / Da / hand	o), and (c).]	nelastas	who we	110	NTERVAL BETWEEN NSET AND DEATH
Canditions, if any, which	DUE TO Ce	runo	our y	None	iens o	
gave rise to immediate couse (a), stoting the underlying cause last.	DUE TO					
САП	ANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	G 20b. DESCRIBE HOW IF DEATH AMINER)	INJURY OCCURRED	. (Enter nature of injury in P	ort I ar Port II of item	18.)	
Y 20c. TIME OF INJURY Month, Hour a. ft. p. m.	Day, Year 20d. INJURY OCCU While Not what at work at work	hile fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(Count	(Stole)
21. I certify that I attend	Mar	ind that death	occurred at			saw the deceosed dote stated obove.
ACTUAL SIGNATURE	To case	M	7	ADDRESS (Street, city o		DATE SIGNED
PHYSICIAN'S A A	15 7	ALLE	Y. Co.	mys	ey an	1
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	TE THEREOF 22c. NAME AND THE THEREOF PROPERTY OF THE PROPERTY	E OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ANNAISE ADDRE	ESS LIS-1	240. REC'D	07 4 0 100	arilun S. A	,

Secretary and secretary from the Secretary and the secretary from the PHILAD SHIOMES - PARTY may be repty of by the haspitol ar attending physician.

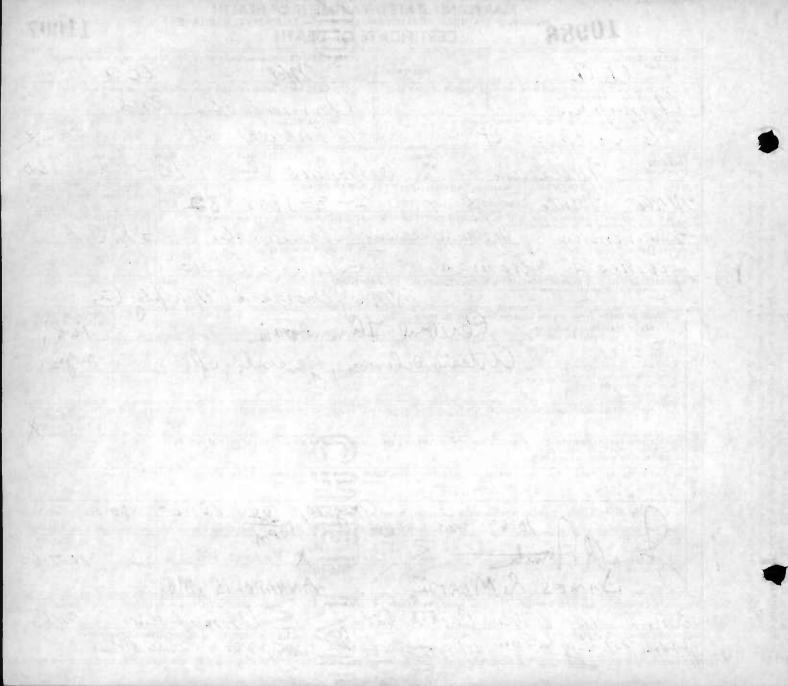
D FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled iv page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 as the State Board of Health prior to burial, cremation, ar removal, and in any eyent, within 72 haurs ofter death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10986 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11007

1. PLACE OF DEATH O. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY a. Q
b. CITY OR TOWN (If outside corporate limits, write RURAL) and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Sucker St	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) William & Middle	Thomas 4. DATE Month Day Year OF DEATH 10 - 6 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 2-3-1878 9. AGE (In years birthday) When the property of
Our SUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 4,5 Marse Graden	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
James J. Vhomas	Laura Clow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, bije wor or dates of service)	no ferome S. Murphy 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Throubost Interval Between ONSET, AND DEATH
Conditions, if any, which gove rise to immediate course (a) obtains the water DUE TO	ora, generalized, 2 gr.
lying couse lost. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ICATIC	PERFORMED? YES \(\) NO
	ED. (Enter noture of injury in Part I or Port II of item 1B.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. Pl. Month Po. m. 19 While at work at work at work 19	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	death occurred at 19 M. from the causes and an the date stated above.
220. SIGNATURE 22C. PHYSICIAN'S 23C. PHYSICIAN'S	M.D. PHYS. STAFF 22b. DATE SIGNED PHYS.
NAME (Type) JAMES RIMBRIN	ANNAPOLIS, MD.
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COMMENCE 10 - 8-1960 Cedeu 10	Eluff Amapoles me
John M. Scy la Sus Charles	250. REC'D BY REGISTRAR 286. REGISTRAR'S SIGNATURE CITCHUM S. KINNA



TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwards, the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your factor. To FUNERAZ DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registron of the Extra Communication. le toridi, crematian, ar remaval. VS. A15ME(5)

5M 9/55

	11027 MEDICAL EXAMINER'S	S CERTIFICA	ATE OF D	EATH	Reg. I	Dist. No	110	801
1.	PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE				dence be	fore adm	ission)
	Anne Arundel MARYLAND	o. STATE Marylar	nd	b. COUNT	Anne	Ar	unda	1
	D. CITY OR TOWN (If outside corporate limits, write RURAL ond give neares) town)	c. CITY OR TOWN	(If outside corpora	te limits, write	RURAL de	d give n	earest to	wn)
E	erndale(Glen Burnie P.O.) 25 vrs.	Ferndale (Glen Bu	rnie P	.0.)	V		
	H. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS					e. IS R	ESIDENCE
#	5 Eugenia Ave.	# 5 Eupos	enia Ave			1	YES [A FARM?
3.	NAME OF First Middle DECEASED	Lost	4. DATE	Mont	h	Day		rear .
	(Type or print) Frank Leo	Tillbery	OF DEATH	Octob	PTE	20t	h 1	9 60
5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH	9.	AGE (In years				ER 24 HRS.
		L8 Feb. 190		ost birthday]	Months	Days	Hours	Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST Juring most of working life, even if retired)	RY 11. BIRTHPLACE (Sto	ote or foreign count		12. CI	IIZEN O	F WHAT	COUNTRY
1								
	FATHER'S NAME	14. MOTHER'S MAIDEN	Missou:	<u> </u>	10.5	3. A.		
	Same Tillham							
15.	Frank Tillbery WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	I UF	ıknown	Address				
(Ye	, no. or unknown) (If yes, give wor or dates of service)							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. Hilda E.	lilipe	ry Sami	2 28			
	PART I. DEATH WAS CAUSED BY:					ONSE	T AND OL	ATH
	IMMEDIATE CAUSE (0) Carbon monoxide	poisoning				Fe	w mi	nutes
-	DUE TO							
	Conditions, if ony, which (b)							
	(o), stoting the underlying DUE TO							
	couse lost. (c)							
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY RMED?
3						,	YES [NO [X]
CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.	nter noture of injery in P	art t es Part-Hief-it	em 18.1 07	end	ingi	de o	f the
	CAUSE OF DEATH. By hooking one end c		-					
WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (City or 1	own)		unty)	per a	(Stote)
I GO	Hour o. m. While Not while facto	ry, street, office bldg., e	(c.)		Α Α	,,	2.5	
>	21. I certify that I took charge of the remains described above	yard of ho		ndale	A.A			d.
			. —	ection .		ry 🔃	, and	find that
	death resulted from: Natural causes [], Accident [], Suid	ide 🗍, Homicio	de [], Unde	termined c	ause _			
	ACTUAL ST. of NO.		1000				DATE S	IGNED
	SIGNATURE Justavi & Carchi Max	_M.D. CHIEF MEDICAL	_				DATE .	
7	EXAMINER'S	ASSISTANT MEDI	ICAL EXAMINER					
	NAME (Type Custave H. Faubert, M.D.	DEPUTY MEDICA	L EXAMINER	10	1/20/	60		
220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)		22d. LOCATION		or county)		(State	e)
Bi	irlai 24 Uct. 60 Baltimore Nat	t'l Cemeter	Baltin	nore	1	lary	lanc	1
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RE	C'D BY REGISTRAR			1 -		
1	Tel Dirigition Glen Bulnie,	MO DATE	CT 25 '60	ari	hur S.	Thous		
_								

ca

I HOWING HOLD . And REC. L. (L. D. Respiratories, the Links of Links of Name of the Party tel but a tellingo a file available frame with a telling

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be rest of by the haspital or ottending physician. TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11028

CERTIFICATE OF DEATH	CERT	IFIC.	ATE	OF	DEA	HTA
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RYLAND	11009

1. PLACE OF DEATH o. COUNTY	Arundel		MARYL		USUAL RESIDENCE (WO. STATE Maryla		d lived. If institution b. COUNTY	-	timore	/
b. CITY OR TOWN (RURAL and give p Crownsvi	If outside corporate limi	ts, write	20 years		c. CITY OR TOWN (IF		prote limits, write R	URAL and	035.	2,2
d. NAME OF HOSPIT OR INSTITUTION Crownsvil	TAL (If not in haspital, g le State Ho	spit	address)		d. STREET ADDRESS 8 Jones	Avem	10		0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Fii Sa	amuel	Middle		Torsell	4. DATE OF DEATH	Mon Octo		Doy	Year 19 60
Male	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH		9. AGE (In years last birthday) 36 yrs.	Months	Doys Ho	
unknown		done 10b.	KIND OF BUSINESS OR		Marylan	d	auntry)	12. CIT	U.S.A.	
3. FATHER'S NAME JOSED	h Torsell			14	Priscil		ng ett			
5. WAS DECEASED EVE		ervice)	SOCIAL SECURITY NO.	17. INFOR	MANT Ospital Rec		Add	ress		
Conditions, if a gave rise to it couse (a), stating lying couse last. PART II. OTI	the under-	o) o	Pulmonary Bronchopnic ontributing to Deat	eumoni	a	MINAL DISEAS	SE CONDITION GIV	VEN IN PA	PE	AS AUTOPS) REFORMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Haur o. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. II	NJURY OCCURRED NOT WARK	20e. PLACE	of INJURY (Home, form street, office bldg., etc.	m, 20f. (Cit			(County)	(Stote
21. I certify the	t (I) (this haspita sed dive an Oct	ober	ded the deceased f	that deat	ATTENDING ATTENDING D	MED.	Me causes ar	nd an th	e date sta	l) (we) last ted abave 22b.DATE SIGNED / 31/60
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24. FUNERAL DIRECTOR	4	7181	Orvid Hill	Av-	e DANEOV	D BY REGIS		STRAR'S S	IGNATURE	

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The state of the s								9. AGE (In years		-	R IF UNDER	R 24 HRS
12. CITIZEN OF WHAT COUNTR 13. BIRTHPIACE (Stote or foreign country) Maryland 14. MOTHER'S NAME 14. MOTHER'S NAMIDEN NAME 15. AMMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. OPEN OF COUNTRY 18. CAUSE OF STATE 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. 20. DUE TO 19. Country 19. DUE TO 19. Country 19. Country 19. DUE TO 19. Country 19. Count	Female					16 October 6	0			Days	Hours	Min 5
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22d. SIGNATURE 22d. SIGNATURE M.D. ATTENDING MED. STAFF 27 Oct 50 22d. ADDRESS SHERMAN S. ROBINSON, Capt., M.C. 22d. ADDRESS SHERMAN S. ROBINSON, Capt., M.C. 23d. ADDRESS USA Hosp Ft Geo G. Meade, Md. 23d. Location (City, town, or county) Cremation 28 Oct 60 USA Hospital Ft eo G. Meade, Md.			Oct	The deceased its.	n	111:	00,10_	-KI-DOX		DU III	01 (1) -620	Æ) IQs
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TIOSOTT TO SOUTH THE PROPERTY OF THE PROPERTY MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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CEI	RTIF	CA	TE	OF	DE	ATH

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	o. COUNTY Anne Ari	ındel		MARYLA		o. STATE Maryland	Where decease	d lived. If institution b. COUNTY	an: Residence	before admi	ssian)
	b. CITY OR TOWN (If RURAL and give ne	outside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (I		prate limits, write R	URAL and gi	ve nearest to	wn)
	Glen Burn	11.6 AL (If not in haspital, g	in street	m delenas)		d. STREET ADDRESS	е		01	1 15 00	ESIDENCE
	OR INSTITUTION	AL (II not in nospitol, g	ive siree	address)						ON	A FARM?
	Plaza Mar	nor Nursing	Hon	le	<u>li</u>	1037 N. Gi	lmore S	Street		YES [☐ NO+E3+
3.	NAME OF DECEASED (Type or print) Td:	Fir Troupe	st	Middle		Lost	4. DATE OF DEATH	Octobe:		Day	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED T NEVER MARRIED	□ B. C	DATE OF BIRTH		9. AGE (In years		YEAR IF UNI	
	Female	Colored	WIDOW	/ED DIVORCED [M	arch 11,18		lost birthday) 85 yrs.	Months [Days Hours	Min.
100	during mast of work	N (Give kind af work of ing life, even if retired)	dane 10b	. KIND OF BUSINESS OR I	INDUSTR	11. BIRTHPLACE (Sto	te ar fareign c	country)	12. CITIZ	EN OF WHAT	COUNTRY?
	Unknown			Unknown		Unknown			U.	S.A.	
13.	FATHER'S NAME		00		1	4. MOTHER'S MAIDEN	NAME				
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	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT	Ba	altimoredd	D.P.W.		
	No	700, 9.10 110, 00 0010 0110		None	Mrs	. Helen Br	vant I	Baltimore	City		
	18. CAUSE OF DEA	TH [Enter only one co	use per I	ine far (a), (b), and (c).]						INTERVAL	BETWEEN
CERTIFICATION		the <u>under-</u> DUE TO (c) ER SIGNIFICANT CON) DITIONS	CONTRIBUTING TO DEATH					/EN IN PART	T(o) 19. WAS PERF YES [ORMED?
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MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	20d. While at wo	Not while		OF INJURY (Hame, fa v, street, affice bldg., e		y or tawn)	(Cc	ounty)	(State)
	saw the decease 220 SIGNATURE 22c. PHYSICIAN'S	t (!) (this keepital ed alive an Oct	ober	ded the deceased fr 2,1960, and the	am Ju nat dea M.D	ATTENDING W	MED. DIRECTOR □	October the causes an	d an the	date state	d abave.
	James M.	Pair, M.I).				arrollt	on Avenu	e Balt	0.23,M	ld.
	REMOVAL (Specify)	10/12/1	F L960	23c. NAME OF CEMETE Mt. Au	buri		_	TION (City, town, o	.,	(Sh	ote)
24.	FUNERAL DIRECTOR	d Fueral	Hom	ADDRESS	3	25a. RE	OCT 1 3	TRAR 256. REGIS	STRAR'S SIGI		
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MARYLAND STATE DEPARTMENT OF HEALTH 1103 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11012

1.	a. COUNTY Arun	del		MAR	YLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceas	b. COUN		nce before o	odmission)
	b. CITY OR TOWN (I RURAL and give ne Crownsvil	f outside carporate limi grest tawn) 1e	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside corp			give neares	t town)
	OR INSTITUTION	AL (If not in hospitol, g		oddress)		d. STREET ADDRESS	S		JX.		IS RESIDENCE ON A FARM? ES NO [7]
3.	NAME OF DECEASED (Type or print)	Fir Ja	nes	Middle		Last Truly	4. DATE OF DEATH		ionth	Day 20	Yeor 19 60
Y	Male	Negro	WIDOW	_	D 🗆	3. DATE OF BIRTH					UNDER 24 HRS.
100	during most of work Chaufteur	DN (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS (OR INDÚS	TRY 11. BIRTHPLACE (SM		country)	12.CIT	U.S.A	HAT COUNTRY?
13.	James Tru	ly				14. MOTHER'S MAIDE	_				
15. (Y		R IN U. S. ARMED FOR It yes, give war or dates of s	ervice)	SOCIAL SECURITY NO Unknown). 17. IN	Hospital Re	ecords	A	ddress		
CATION	Conditions, if all gove rise to it couse (o), storing lying couse lost.	the <u>under-</u> DUE TO	Art	Chronic eriosclero	Myod tic (cardial Infa	lar Dis	ease	GIVEN IN PAI	ONSET	AL BETWEEN AND DEATH WAS AUTOPSY PERFORMED?
CAL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C		CE OF INJURY (Home, f				(County)	(Stote)
MEDICAL	Hour a.m. a.m.		White	k of wark	fact	ary, street, affice bldg.,	etc.)			(County)	(31016)
	21. I certify that saw the decease 220. SIGNAYURE 22c. PHYSICIAN'S NAME (Type)	t (I) (this haspital ed alive an 12 March 12 Mar	0/20	19_60, and	that de	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	the causes	and an th	10/20	226. DATE SIGNED
B	emoval (Specify)		60	anale	my	Bound	23d. LOCA	ation (City, town	n, or county)	/ .	(State)
24	FUNERAL DIRECTOR'S	am Le	ese	ADDRESS 10	may	whis MYDATE	210c	160 256. RE	GISTRAR'S SI	IGNATURE	
							OCT 2	4 '60	Cirmel	8. The	u.s

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within 24 haurs ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH 10:98 PHYLISTON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11013

	PLACE OF DEATH D. COUNTY	Anne Arun	ndel	MARYLA		o. STATE Mary		6 COUNTY	Residence be		
1		(If autside carporate lim	nits, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF					
	RURAL ond give r	a polis		3 days		10 Annap	oolis				
,	. NAME OF HOSP	TAL (If not in hospital,	give street	address)		d. STREET ADDRESS					RESIDENCE
Ar	or institution	el General	Hospi	ital		7152	Montere	y Ave.,			A FARM?
[NAME OF DECEASED (Type or print)	Cynth	irst 11a	Middle Lvnn		WALLICK	4. DATE OF DEATH	Month		Day 6	Year 19 60
S. S	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. [DATE OF BIRTH	9. /	GE (In years II	FUNDER 1 YE	AR IF UN	IDER 24 HRS
J	Female	White	WIDOW	ED DIVORCED [00	tober 3, 19		ost birthdoy) yrs.	Manths Day	Hour	rs Min.
10a	. USUAL OCCUPATI	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign count	(۲)	12. CITIZEN	OF WHA	TCOUNTRY
	doring most of wo	———	3)			Maryla	nd		U.	S.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	7257		-	
	John Will:	iam Wallick	. Jr			Kathleen CA	ARSON				
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.		17. INFO	RMANT		Addres	is		
(103	, no, or unknown;	(it yes, give wor or outes or	service)			Hospital	Records				
	Candifions, if a gave rise to couse (o), stoting lying cause last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO sny, which the under- the under-	o) D b) D	ne for (a), (b), ond (c).]		ps a turity			0	NSET AN	BETWEEN ND DEATH
CATION				CONTRIBUTING TO DEATH					N IN PART 1(a)	PER	S AUTOPSY FORMED? NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in	Port I ar Part II o	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Ye	20d. I While at war	Nat while		OF INJURY (Home, form , street, office bldg., etc		town)	(Count	(y)	(Stote)
		hely	Dasse	ded the deceased from 1960, and the		ATTENDING M PHYS. MDI	M, from the	TAFF HYS.	an the da	te state	
		Philip Bri					ral St.,			•	
23a.	REMOVAL (Specify		0F	23c. NAME OF CEMETE	RY OR C	Palconal c	23d. LOCATION	(City, town, or	county)	(Si	tote)
770	FINERAL DIRECTOR	s sichature	7/	ADDRESS Dinofeles	, //	250. REC'	D BY REGISTRAR		RAR'S SIGNAT		

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FUR STATE TO DEPUX IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execused site certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permitrity pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in approvent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

e. COUNTY		e. STATE	CE (Where de	b. COUN		nce before	edmission)
Anne Arundel	MARYLAND	Same		Same			
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	orete limits, write	RURAL end give	nearest tow	(n)
Brooklyn Park	8 vears	188 de de	Same	5	a a		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS				e. IS R	ESIDENCE
22 72		Same				YES	A FARM?
332 Cresswell Ed.	Middle	Last	4. DATE	Month	Dev		
DECEASED (Type or print)		00041	OF DEATH				
William Ernest Wa.					r 23rd.	19	60
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years lest birthday)	Months Deys	Hours	Min.
M WIDOWED	DIVORCED	7/9/52	110	58 yrs.	Monnis	Hours	tamii.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign cou	untry)	12. CITIZEN	OF WHAT	OUNTRY?
1 10	nployed)	Baltimor	e.Md.		US/	1	
llevators repair man (self el 13. FATHER'S NAME	10207007	14. MOTHER'S MAIDEN					
		Orphyllia	Simmon	c			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	OTHEROTE	Address			
(Yes, no, or unkown) (If yes give wer or detes of service)			. ,				
No		rs. Helen Wal	ters (wife)			
18. CAUSE OF DEATH [Enler only one cause per line	ne for (e), (b), end (c).					NSET AND	
IMMEDIATE CAUSE (e) COTO	nary Occlusion	2				Sudde	n
DUE TO							
Conditions, if any, which (b)							
geve rise to immediate cause							
(e), steting the underlying DUE TO					£36.000		
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT DELATED TO THE TEDAM	NAI DISEASE	CONDITION CIV	ENI INI DADT 1(a)	10 14/45 4	LITOREY
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIOUNG TO DEATH BOT IN	OF RELATED TO THE TERMS	INAL DISEASE	CONDITION GIV	EN IN PAKI 1(0)		RMED?
3						YES	NO [
PART II. OTHER SIGNIFICANT CONDITIONS CON-	BE HOW INJURY OCCURED.	Enter neture of injury In Per	rt I or Pert II of	item 18.)			
	,	ACE OF INJURY (Home, ferr		y or town)	(County)		(State)
Hour e.m. While et work		tory, street, office bldg., etc	"				
21. I certify that I took charge of the remaining	ains described above. h	eld an Autopsy .	Inspection	y, Inquir	v 🕅 and	d in my o	pinion
death resulted from: Natural causes y.		cide , Homicide		determined m	. 100	ı ııı ııı y	Pillion
death resulted from: Natural Causes [].	Accident L., Suit			determined in	anner		
Hust VD.	/. M	CHIEF MEDICAL					
SIGNATURE MISLAVE A LAN	every 91	M.D. ASSISTANT MED	ICAL EXAMIN	ER	10/23/60	DATE SIG	NED
EXAMINER'S		DEPUTY MEDICA	L EXAMINER	<u> </u>	10/23/00		
NAME (Type) Gustave H./ Faube	rt.M.D.	Address (Street,	city, town, or	county)			
22e. BURIAL (REMATION, 22b. DATE THEREOF REMOVAL) (Specify)	22c. NAME OF CEMETERY O		22d. LO9A	ION (City, town,	, or country)	(Stet	e)
10/26/60	(Selen A	faces.	15	allem	evel		
23. FUNERAL DIRECTOR	ADDRESS	24e. REC	C'D BY REGISTI	RAR 24b. REG	ISTRAR'S SIGNA	TURE	
VICELLY . BOE TOL	rles.	DATOCT	2 6 '60	Class	hun & Krau	4	
1		IDAIR		1 0000	2. 70000		

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
10000 CERTIFICA	ATE OF DEATH Reg. Dist. No. 11()15
MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE b. COUNTY
utside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
(If nos in hospital, give street oddress) Furst St.	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO 2
agnes Eniddle	Mauson 4. DATE Month Day Year OF DEATH OF 26 1960
COLOR OF TACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIATH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Min.
(Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 17. THRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Les Traband	14. MOTHER'S MAIDEN NAME Dove
N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	harles St Clair Wayson 2

PLACE OF DEATH b. CITY OR TOWN IIF o RURAY and give near d. NAME OF HOSPITA 00 NAME OF DECEASED (Type or print) 100. USUAL OCCUPATION during most of working 13. FATHER'S NAME 15. WAS DECEASED EVER IN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY I Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from. 1901, that I last saw the deceased 10314 M, from the causes and an the date stated above. alive an and that death occurred ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, (State) BEMOVAL (Specify) FONERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Chilling S. Kraus DATECT 2 8 '60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(State)

11016 **CERTIFICATE OF DEATH** 11033 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. countyne Arundel a. STATE b. COUNTY MARYLAND Same ame b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town 53 years d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Elvaton Rd ON A FARM? YES NO A NAME OF Middle 4. DATE Last Month Year Ida Selma Wood October 6th. (Type or print) 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Manths WIDOWED-DIVORCED [10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Germany, Europe. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Louis Schmidt Elvina Reutter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give wor or dates of service) Mrs.Mildred Wade (daughter) None 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive cardio-vascular diseases over 6 months JMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.) WEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED (Caunty) (Stote) foctory, street, office bldg., etc. a. m Not while at wark at wark 62tober 6th19 60that I last saw the deceased October 21. I certify that I attended the deceased fram. 2rd10 60 and that death accurred at 6.10PM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar tawn, stote) Glen Burnie .Md SIGNATURE NAME (Type) Gustave H. Faubert M.D.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, tawn, ar caunty)

24g REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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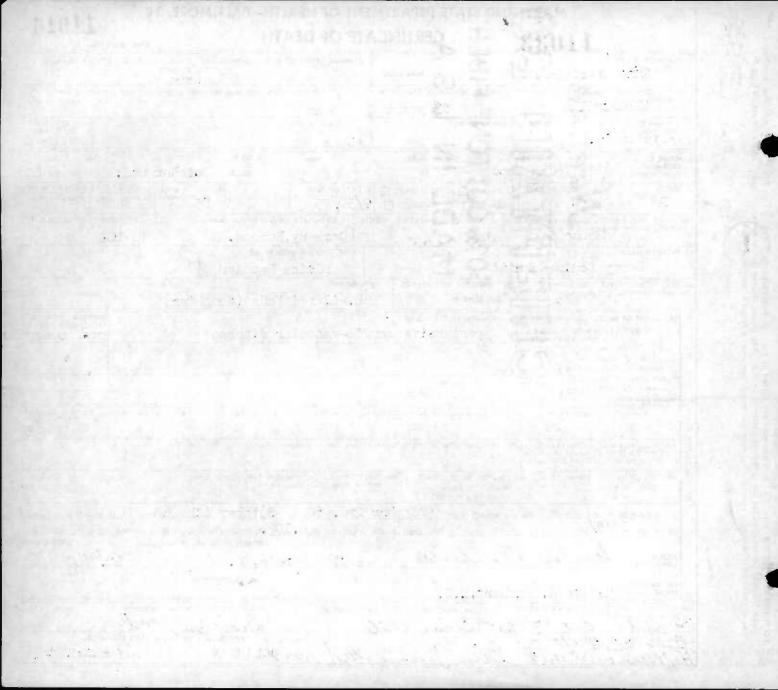
15M 9/58

22a. BURIAL, CREMATION.

REMOVAL (Specify)

22b. DATE THEREOF

he



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Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft George G. Meade Jessup d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? United States Army Hospital Box 382-B Orchard Ave YES NO TO NAME OF 4. DATE Middle Month Year Day DECEASED GEORGE M ZSIMOVAN (Type or print) DEATH DODL 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Days Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cardi IMMEDIATE CAUSE (a) **DUE TO** rioschprotic Heart Disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PERFORMED? YES NO TA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while ot work ot work 12 Oct . 19 60 ta 21. I certify that I appended the deceased ROSIN_ ______ 19___that I last saw the deceased and that death accurred at 630 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Oct PHYSICIAN'S NAME (Type) NEVILLE, JR., Capt., M.C. USA Hosp Ft Geo G. Meade, Md. 22a. BURIAL, CREMATION. 22b. DATE, THEREOF 22d. LOCATION (City, town-or county) 22c. NAME OF CEMETERY OR CREMATORY. (State) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1 9 '60

director, iled with filed funeral pe D filled and ofter physician mave ding attend RECTOR: pe 3 0

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